|  |
| --- |
| Reserve your seats and tables now. Space is limited. Last year’s event sold out weeks in advance. Please provide the names of your attendees on the second sheet of this form.  |

|  |  |
| --- | --- |
| Contact Name: |   |
| Business Name: |   |
| Address: |   |
|  |   |
| Phone: |  [ ] m [ ] h [ ] w |
| Email: |   |

|  |  |  |  |
| --- | --- | --- | --- |
| [ ]  | I will purchase  |   | table(s) of 10 seats at $650 each.\* |

|  |  |
| --- | --- |
| List name as it should appear on the table: |   |

|  |  |  |  |
| --- | --- | --- | --- |
| [ ]  | I will purchase |   | seat(s) at $65 each.\* |

|  |  |
| --- | --- |
| [ ]  | I am unable to attend the Women’s Fund Luncheon. Enclosed is my gift to support women and girls in the Fox Valley Region.  |

|  |  |  |  |
| --- | --- | --- | --- |
| [ ]  | Enclosed is  | $  | for my selection(s) noted above. |

|  |  |  |  |
| --- | --- | --- | --- |
| [ ]  | Please charge  | $  | to my credit card for my selection(s) above. |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| [ ]  | Visa | [ ]  | Mastercard | [ ]  | Discover | [ ]  | American Express |

|  |  |
| --- | --- |
| Cardholder’s Name |   |

|  |  |  |  |
| --- | --- | --- | --- |
| Card Number |   | Exp. |   |

|  |  |  |  |
| --- | --- | --- | --- |
| Signature |   | Security Code |   |

|  |
| --- |
| I am interested in attending the pre-event Issue Spotlight at 10:15 am.  |

|  |  |  |  |
| --- | --- | --- | --- |
| [ ]  | Yes | [ ]  | No, I will not attend |

|  |
| --- |
| I would like to receive announcements to invite my guests: |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| [ ]  | No thanks | [ ]  | Yes, via email | [ ]  | Yes, via mail |

|  |  |
| --- | --- |
| **Complete this form and** **return with your payment to:** | Women’s Fund, 4455 W. Lawrence Street, Appleton, WI 54914jpeeters@womensfundfvr.org 920.702.7616 |

**Thank you for your support!**

\*Donations and event registrations are non-refundable

|  |
| --- |
| Please help us make your guests and attendees feel welcome by providing names below. This information will be used to create nametags and table assignments. If you don’t have the names of your guests at this time, **please provide them by August 16**. |

NAMES OF PEOPLE TO BE SEATED AT YOUR TABLE(S):

|  |  |  |
| --- | --- | --- |
| 1. | Name |   |
|  | Email |   |
| 2. | Name |   |
|  | Email |   |
| 3. | Name |   |
|  | Email |   |
| 4. | Name |   |
|  | Email |   |
| 5. | Name |   |
|  | Email |   |
| 6. | Name |   |
|  | Email |   |
| 7. | Name |   |
|  | Email |   |
| 8. | Name |   |
|  | Email |   |
| 9. | Name |   |
|  | Email |   |
| 10. | Name |   |
|  | Email |   |

|  |  |
| --- | --- |
| **Mail this form or email the names of** **your guests to Jen Peeters by August 16** | Women’s Fund, 4455 W. Lawrence Street, Appleton, WI 54914jpeeters@womensfundfvr.org 920.702.7616 |