

CELEBRATING INCLUSION & ACHIEVING INDEPENDENCE

PLEASE R.S.V.P. BY MONDAY, MARCH 25, 2019

YES, I WOULD LIKE TO JOIN IN THE CELEBRATION! (Please list guests on back)

- ☐ I will host a Donor Table of 10 at \$1,500
- ☐ I will purchase _____ tickets at \$150 per guest
- ☐ I am unable to attend, but would like to make a donation of \$ _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

☐ Check (Payable to ARISE Foundation) ☐ Visa ☐ MasterCard

Card #: _____ Exp: _____ CVV: _____

Signature: _____

Your donation is tax deductible to the extent permitted by law.

Email Completed Reservation Form to Tammy Crossman at tcrossman@ariseinc.org

For sponsorship or advertising opportunities, contact Tammy at (315) 671-2909 or tcrossman@ariseinc.org.

CELEBRATING INCLUSION & ACHIEVING INDEPENDENCE

PLEASE R.S.V.P. BY MONDAY, MARCH 25, 2019

Guest List

	Beef	Chicken	Mushroom
1. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Entrées: Beef Tenderloin Teres with Cabernet Mushroom Sauce; Seared Chicken with Mango Salsa; or Stuffed Portobello Mushroom. *Entrées will be served with Roasted Potatoes and Green Beans*

American Sign Language interpretation will be provided. To request accommodations or if you would like to make a special diet request, please contact Tammy Crossman at (315) 671-2909 or tcrossman@ariseinc.org.

THANK YOU FOR YOUR SUPPORT!