

RSVP for Ann Steffens Scleroderma Research Foundation The Fall Gala

Name					
Company					
Address					
City		State		Zip	
Phone		Email			

RSVP due to the ASSR Foundation by October 13, 2021

Number attending: _____ Please indicated number of meals.

Parmesan Crusted Chicken _____

Sliced Roast Beef with Gravy _____

Cod Filet _____

Grilled Vegetable Melange _____

Please indicate any allergy: _____

- I would like to be a member of the Honorary Committee at \$200/person or \$375/couple
- I would like to reserve _____ seat(s) at \$125 per person.
- I would like to reserve a table for 8 people at \$900 per table.
- I am 35 or under and would like to reserve _____ seat(s) at \$80 per person.
- I am a student and would like to reserve _____ seat(s) at \$60 per person.
- I am unable to attend, but please accept my tax deductible donation of \$ _____
- Please charge my credit card: Mastercard Visa American Express Discover

Card Number		Expiration Date	
Name as it Appears on the Card			
Signature of Card Holder			

Please print and send via email cmarceline@steffens-scleroderma.org