YES, I/WE WOULD BE PROUD TO SUPPOPRT MCAP!

Dinner will be a selection of Food Stations

NUMBER OF ATTENDEES: _____

NAME OF ATTENDEES: (please include a phone number)

_____

_____

_____

OR

NAME OF INDIVIDUAL PURCHASING TABLE:
(please include a phone number)

_____

TABLE SIZE (8 or 10 SEATS): _____

PAYMENT ENCLOSED: $_____
Please make checks payable to MCAP

OR

CREDIT CARD NUMBER: _____

Expiration Date: _____ CCV: _____

Signature: _____

Kindly Reply by November 10

Questions? Contact Stacey Halstead at:
shalstead@mcapkids.org