

Book & Author Luncheon

Thursday, May 28, 2009

Reservation Form



Book & Author Luncheon
Friends of the Ferguson Library
One Public Library Plaza
Stamford, CT 06904

Credit Card Information:

Visa MasterCard.

_____ Exp Date: ____/____

Print name as it appears on card:

Signature:

Tables seat 10

Seated With _____

Seated With _____

Seated With _____

Seated With _____

Seated With _____

Seated With _____

Seated With _____

Seated With _____

Seated With _____

Name _____

Address _____

Phone _____

e-mail _____

Prepaid reservations required:

Members # _____ @ \$40 \$ _____

Guests # _____ @ \$45 \$ _____

(Purchase at door \$50)

I cannot attend but wish to contribute \$ _____

Total amount enclosed \$ _____

Please make your check payable to the Friends of Ferguson Library or supply credit card information.

No tickets will be issued. Your canceled check or credit card statement is your confirmation.

Please write the names of your guests and/or those with whom you wish to be seated.

We will do our best to accommodate your request.