

Auction Response Card

M _____

Address _____

City _____ *Zip Code* _____

Phone _____

Please reserve :

Gourmet Dinners : _____ at \$60 per person (\$70 after April 1) = \$ _____

Hors d'oeuvres : _____ at \$25 per person (\$30 after April 1) = \$ _____

Payment Method:

Check # _____ *is enclosed for \$* _____ *payable to "St. Charles."* *or*

MasterCard / Visa # _____ *Exp date* _____

Name as Printed on Card _____ *3-digit code on card back* _____

Signature _____

For Gourmet Dinner Guests, please indicate each guest's dinner selection.

Names: _____ **Circle One Duet Plate per Person:**

_____ *Atlantis / Mermaid Plate* _____ *Atlantis / Mermaid Plate*

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_____ *Atlantis / Mermaid Plate* _____ *Atlantis / Mermaid Plate*

Please indicate your preferred tablemates. Tables seat eight (8). Reserved for Dinner Attendees Only.

Seating with other (circle one) teachers / parishioners / alumnae parents

_____ **I am unable to attend. Please accept my 100% tax-deductible contribution of \$** _____