

_____ WILL ATTEND

A CHECK FOR \$_____ IS ENCLOSED. \$125 PER PERSON
(*\$115 PER PERSON FOR ST. THOMAS MORE SOCIETY MEMBERS*)

If you would like to provide additional support for the Society, please be a Benefactor as follows:

_____ **Individual Benefactor:** My check includes an **additional \$100**. Please list the below name as Benefactor in the Program.

_____ **Table Benefactor:** Please reserve a **table for 10** and list the below name as a Table Benefactor in the Program. A **check for \$2,250** is enclosed. **PLEASE LIST ATTENDEES ON BACK (or provide names when available to *psweeney@lscd.com*)**.

NAME FOR LISTING AS A BENEFACTOR:

SEATING IS LIMITED. PLEASE RSVP BY APRIL 14, 2022