

Athletic Hall of Fame Induction Ceremony

Please respond by Friday, October 9, 2009

Name _____

Address _____

City, State, Zip _____

Daytime phone _____ E-mail _____

Yes, I would like to attend. Enclosed is a reservation for:

_____ seat(s) x \$65 per seat for a total of \$ _____

_____ table(s) at \$650 per table (tables seat 10) for a total of \$ _____

Guest names _____

Please seat me with or near the following inductee _____

I am unable to attend the event, but would like to make a donation in honor of _____

to the Athletic Hall of Fame of in the amount of \$ _____

Preferred Payment Options

Check (payable to WCSU Foundation, Inc.) Visa MasterCard Discover

Name on card _____

Card number _____ Exp. Date _____

Signature _____

Please call (203) 837-8298 for more information or to R.S.V.P. by phone.

For more information, visit www.wcsu.edu/alumni.