

WCSU ATHLETIC HALL OF FAME

Please respond by Friday, Oct. 7, 2011

Name _____

Address _____

City, State, Zip _____

Daytime phone _____ E-mail _____

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

_____ seat(s) x \$75 per seat for a total of \$_____

_____ table(s) at \$700 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/memory of _____
_____ to the Athletic Hall of Fame of in the amount of \$_____.

Preferred Payment Options

Check (payable to WCSU Foundation/Hall of Fame) Visa MasterCard Discover Amex

Name on card _____

Card number _____ Exp. Date _____ Security Code _____

Signature _____

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

For more information, visit wcsu.edu/alumni.