



PLEASE RETURN THIS FORM WITH PAYMENT (Fax 519-973-7389)

CONTACT NAME _____

COMPANY _____

ADDRESS _____

CITY/PROVINCE _____ POSTAL _____

PHONE _____ EMAIL _____

Yes, I would like to attend **Memories: An Appreciation Celebration**

INDIVIDUAL TICKETS OR TABLES (Tables will seat 10 people)

_____ tickets at \$100.00 each

_____ table of 10 (\$1000.00 per table)

Please fill out the names of all guests attending below.

MAIN COURSE SELECTION

Tickets for dinner includes gourmet soup, salad, main course and dessert. Appetizers and some complimentary wine will be provided along with dinner. **Please select your main course below (per person)**

Chicken Romano # _____

(Frenched chicken breast with artichokes, sundried tomatoes, Provolone cheese & Prosciutto with Herb Veloute, Potato Dauphinoise and Broccolini)

Salmon Cardinal # _____

(Atlantic Salmon, Lobster and Shrimp Sauce, Herbed Mini Potatoes, Broiled Asparagus and Grape Tomatoes)

Grilled Vegetable Tower (Vegetarian Option) # _____

(Layered Risotto, Eggplant, Onion, Portobello, Roasted Red Pepper, Yellow Zucchini and Spinach with a Tomato Basil Coulis)

DONORS

I am unable to attend, but would like to make a donation to the AIDS Committee of Windsor. I have noted my donation in the giving levels below.

\$750.00

\$250.00

\$50.00

\$500.00

\$100.00

Other \$ _____

The evening's program will recognize all those who donate \$100.00 or more, by level of giving.

100% of all donations will be tax receipted.

PAYMENT OPTIONS

Cheque enclosed in the amount of \$ _____ (payable to the AIDS Committee of Windsor)

VISA

MASTERCARD

CARD # _____ EXPIRY _____

CARDHOLDER SIGNATURE _____