

Please complete this card and return by October 31, 2019

Please reserve _____ place(s) for the Mario Lanza Ball at \$165.00 per person*

Please reserve _____ place(s) for Saturday night movie at the Mario Lanza Museum
\$20.00 per person*.

I am sorry I am not able to attend. Please accept my donation of \$ _____

Total amount enclosed \$ _____

Name _____

Address _____

City, State & Zip _____

Please include your remittance made payable to the "**Mario Lanza Institute**"

Please list guests and special seating requests below

A seating list will be available at the door

_____	_____
_____	_____
_____	_____

* No Refunds

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