

Please complete this card and return by November 13, 2021

Please reserve _____ place(s) for Mario Lanza Ball at \$125.00 per person.*

Please reserve _____ place(s) for Sunday movie & lunch at \$30.00 per person.*

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

Total amount enclosed \$ _____

Name _____

Address _____

City, State & Zip _____

Country _____

Phone # _____ Email _____

Please include your remittance made payable to the ***“Mario Lanza Institute.”***

Please list any special dietary restrictions on the back of this card.

Please list guests and special seating requests below.

* No Refunds