

A Valentine's Dinner Dance

To Benefit
Community Health Action of Staten Island



SPECIAL ADVANCE TICKET DISCOUNT!

_____ ticket(s) x **\$135** = _____

***Must be paid in full by Tuesday, January 26, 2010**

_____ ticket(s) x **\$145** = _____

- I am unable to attend, but want to support the work of the Community Health Action of Staten Island with the enclosed contribution of \$_____.

PLEASE INDICATE ON THE
BACK OF THIS RESPONSE CARD
WITH WHOM YOU WOULD

LIKE TO BE SEATED.

TABLES WILL BE SET FOR A
MINIMUM OF 10 GUESTS.

***IN ORDER TO QUALIFY
FOR OUR ADVANCED
TICKET DISCOUNT
PRICING, IT MUST BE
PAID IN FULL BY
TUESDAY, JANUARY 26.**

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: (_____) _____

Checks may be made payable to:
Community Health Action of Staten Island

Please use the enclosed response envelope,
or mail to:

Valentine's Dinner Dance

Community Health Action of Staten Island
56 Bay Street, 6th Floor
Staten Island, NY 10301

We also accept payments via credit card
(MasterCard, Visa and American Express only).

For more information, please contact

Phyllis Esposito-Driscoll

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