



R.S.V.P.

_____ YES, I WILL ATTEND. I HAVE ENCLOSED A CHECK FOR \$100 PER PERSON

NAME(S) _____ NUMBER OF GUESTS _____

CHOICE OF ENTRÉE(S) PER PERSON (please indicate quantity):

_____ Roasted Chicken _____ Grouper Rollatini _____ Roasted Pork Loin

_____ I WISH TO PURCHASE A SPONSORS TABLE (10 SEATS, \$100 PER PERSON)

NAME(S) _____ NUMBER OF GUESTS _____

CHOICE OF ENTRÉE(S) PER PERSON (please indicate quantity):

_____ Roasted Chicken _____ Grouper Rollatini _____ Roasted Pork Loin

_____ NO, I WILL NOT ATTEND, ENCLOSED IN MY DONATION OF: _____

PLEASE MAKE CHECKS PAYABLE TO:

M.C.I.A.F.A COLUMBUS EVENTS FUND

Kindly Respond by May 5th by Mail To:

129 Independence Drive

Morrisville, PA 19067

Or, use link to purchase tickets <https://www.eventbrite.com/o/mercer-county-italian-american-festival-assoc-61400847203>

Mcitalianamericanfestival@gmail.com 609-498-9245 <http://italianamericanfestival.com/index.html>