

# RESERVATIONS & CONTACT INFORMATION

TICKETS ARE \$50 PER PERSON

Please R.S.V.P. by April 20, 2018

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Payment by:

Check, payable to:

**HELPING HANDS SCHOOL**

Credit Card

If paying by credit card visit us online at [www.helpinghands.org](http://www.helpinghands.org) and click on the TASTE OF SPRING to order your tickets or make a donation.

I/We would like to attend the event.

I am unable to attend, but I would gladly support Helping Hands School and Academy Nursery School with a contribution of \$\_\_\_\_\_.

Please mail my tickets to the address to the left.

Please hold my tickets to be picked up at the door.

Please clearly list the names of attendees:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

**Mail To:    *Helping Hands School    4 Fairchild Square, Clifton Park, NY 12065***