

2019 Benefit Gala - Celebrating History RESERVATION

Name: _____

Address: _____

City/State/Zip: _____

Telephone: _____ Email: _____

Reservations \$175/person. *Inquire about corporate table discounts: cms.information@gmail.com*

Menu Selection: *(please indicate an order for each person attending)*

___ Portabello Mushroom Tower w/linguine (V) ___ Chicken Parisienne ___ Whitefish
with Lemon Caper Sauce ___ Dietary restrictions:

Please reserve a table for ___ (10) persons _____

Please reserve ___ places for a total of _____

I am pleased to help CMS with my contribution of _____

I would like to sponsor a singer to attend the benefit (\$175) _____

Total _____

Payment: Check payable to CMS or pay with VISA or MasterCard

Number: _____ Exp. _____ Code _____

Please list on the back the names of your guests and/or persons with whom you wish to be seated.

SEATING REQUEST

Please seat me with the following guests: *(please provide addresses if they are new to CMS)*

Please return this card with your reservation and seating requests to:

Chicago Master Singers
P.O. Box 1503
Barrington, IL 60011-1503

CMS is an Illinois not-for-profit organization. Contributions are fully tax-deductible and may also be made on our secure website: www.chicagomastersingers.org

Additionally, the tax deductible portion of each reservation is \$75.