DaVinci Center Community
Humanitarian Award Dinner

honoring

Karen Adams, Eyewitness News Anchor

Name_____

Address_____

_____

Phone_____

Friday, April 23, 2010

- ❑ Enclosed is my check for $_____ made payable to **The DaVinci Center** for _____ guests at $55.00 per person.
  (Please list guests on reverse.)
- ❑ I cannot attend, but enclosed you will find my donation in the amount of $_____.

Please respond on or before April 13, 2010. **For more information, please call 272-7474.**

All proceeds to benefit the continuing charitable mission of The DaVinci Center.

Guests

PLEASE PRINT the names of guests for this table (limit 10 guests per table).
Please indicate any special dietary needs: vegetarian (V) or kosher (K).

First Name	*Initial*	*Last Name*	*Dietary Needs*

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