

2022 Thanks for Giving Gala

Pay by Check Form



Email: _____

Address: _____ Phone#: _____

Guest #1: _____

Meal Choice (circle one):

Filet Mignon Chicken en Croute Lemon Panko Halibut Vegetarian Request

Guest #2: _____

Meal Choice (circle one):

Filet Mignon Chicken en Croute Lemon Panko Halibut Vegetarian Request

Names of guests to share a table with (if any). Note: tables are 10 or 12.

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Tickets are \$125 per person.

Please print and mail **THIS FORM** and your check payable to **Brookfield Education Foundation** to:

BEF
PO Box 5047
Brookfield, CT 06804