

Please reserve _____ seats at \$85.00 per person by
February 24, 2018 (tables of 10).

Reservations are confirmed only with payment.

Please list the names of your party on the reverse side.

Name: _____

Address: _____

City _____ State _____ Zip _____

Telephone: _____

Chicken _____ Fish _____ Shrimp _____

I am unable to attend but wish to make a donation \$ _____

Enclosed, please find my check payable to:

Greek American \$ _____
Rehabilitation & Care Centre

Please charge my Credit Card: \$ _____

Card # _____ Exp. Date _____

Security Code _____ Authorized Signature _____

For more information call: Pat Gerbanas 847-465-1323
Reserved tickets will be held at the door.

A not-for-profit 501(c) (3) organization.
Please advise us for wheelchair accessibility