

R. S. V.P.

RESERVATIONS:

Your Name: Please include the last name used at AMSV if different from the one you currently use. Check "V" if vegetarian

_____ v ☐ ... your Class Year 19____

Additional Guests Names:

_____ v ☐

_____ v ☐

Total number attending: ____ @ \$60 each

= \$_____ (a)

DONATIONS:

Help support the incredible ministries of the Sisters of Charity. Be an angel!

Silver Angel \$25

Golden Angel \$50

Platinum Angel \$500 - \$999

St Elizabeth Ann Seton Donor \$1000+



Non-deductible Donation to the Association:

A large portion of which goes to the Sisters after expenses are covered.

\$ _____ (b)

Please make Check Payable to **AMSV Alumnae Association:**

Total \$ _____ (a) + (b)



Deductible Donation to the Sisters of Charity:

A separate check must be made out to **Sisters of Charity of NY:**

\$ _____ (c)

My donation is in memory of: _____

_____ Check if you wish to remain anonymous

Please mail your reservation and check(s) to:

Mrs. Jo-Anne Olszewski

27 Grand Tour

Highlands, NJ 07732