



NAME: _____

ADDRESS: _____

**COME BY YOURSELF OR INVITE FRIENDS
LIST GUESTS AND MENU CHOICES ON THE BACK**

_____ General -- \$60.00 per person

_____ Sponsor -- \$90.00 per person

The amount over \$30 is tax deductible as allowed by law.

Checks can be made payable to
AAUW West Suburban - Milwaukee Branch

Please reply no later than March 20, 2020

My Name and/or my Guest's names: (with menu choice 1, 2 or 3)

Menu Choice 1: Chicken Pot Pie

Menu Choice 2: Scotch Salmon Au Poivre

Menu Choice 3: Wild Mushroom Stroganoff (vegetarian)

If you have any specific allergy restrictions, please include with RSVP.

	<i>Circle Choice</i>
1 _____	1 2 3
2 _____	1 2 3
3 _____	1 2 3
4 _____	1 2 3
5 _____	1 2 3
6 _____	1 2 3
7 _____	1 2 3
8 _____	1 2 3

All checks **MUST** be included with this form to secure your reservation.

Reservations will only be held with payment.

No refunds after March 25, 2020

For further information, call Linda Polulach at (414) 581-4817