



October 18th 2018

A Celebration of Life!

to benefit

Community Maternity Services

Honoring

Reverend Michael Farano

Wolfert's Roost, Menands, NY



Honorary Committee Response Form

Reserve _____ Honorary Committee tickets (\$200/each)

Reserve 2 Honorary Committee tickets (\$375.00)

Yes, I would like my name(s) listed in the event invitation and in the event program as a member of the Honorary Committee. Please list name(s) below as you would like them to appear.

Name _____

Address _____ City _____

State _____ Zip _____ Telephone _____ email _____

Check enclosed-payable to Community Maternity Services

Please charge my Credit Card

Amount \$ _____ (Visa/MC/Amex)

Card # _____

Expiration Date _____ CVV# _____

Name on Card _____

Signature _____



RSVP
August 8, 2018

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