

R . S . V . P .

President's Gala
AND BENEFACTORS AWARDS DINNER

Full Name _____

Spouse or Guest _____

Phone _____

I We will be able to attend

I We will be unable to attend

Enclosed is a check for \$ _____

Vegetarian Meal for _____ person(s)

Cost per person \$60

Please respond by October 12, 2004

Make checks payable to: KCTCS Foundation, Inc.

Charge to my: VISA Mastercard AmEx

Card # _____ Exp. Date ____/____

Name *(as it appears on card)* _____

Credit Card Address _____

City/State/Zip _____

Signature _____