



KICKING IT UP FOR THE KIDS

GALA & CASINO NIGHT



Please respond on or before February 27, 2020.

Name(s) _____

Address _____

City _____ State _____ Zip _____

Phone _____

Email _____

I will be attending!

Please reserve _____ tickets at \$95 per person*
(\$100 per person if paying by credit card)

_____ tables of 14 at \$1,330 per table*

Tables of 18 are available but limited; first come, first served.

**Each ticket includes \$50 in casino chips.*

I am unable to attend, but please
accept my contribution in the amount of \$ _____

Payment must accompany reservation.

Please make checks payable and mail to (envelope enclosed):

**Lakeland Education Foundation, Inc.
P.O. Box 132, Shrub Oak, New York 10588**

All gifts are tax deductible to the extent allowed by law.

Please see reverse for credit card payment.

THE LAKELAND EDUCATION FOUNDATION
Enhancing the Education of Lakeland's Students for 25 years!



Name of Cardholder _____

Credit Card Number
(MasterCard and Visa only) _____

MasterCard Visa Billing Zip Code _____

Expiration 3 Digit Total Amount

Date _____ Security Code _____ to Charge _____

Signature _____

School Affiliation _____

Please Seat Me With _____

**For further information, please contact
Diane Kness at LEF@lakelandsschools.org**