



Please register online at storycountyphilanthropy.org or return this completed card in the enclosed envelope with a check made out to [Story County Alliance for Philanthropy](#) by November 3, 2022.

Number attending: _____ x \$25 (up to 8) = \$ _____ (total enclosed)

I/we would like to reserve a table of 8 for \$200. (total enclosed)

Please indicate if you are a: Sponsor Recipient Other _____

Please specify any table companion requests. We will honor requests when possible.

Please complete the back side of this card with all guest names as they should appear on name badges.



Story County Alliance of Philanthropy
c/o United Way of Story County
315 Clark Ave Ames, IA 50010

Meal Descriptions: Herb Roasted Pork Loin. Roasted Salmon. Grilled Chicken Chardonnay. Wild Mushroom Ravioli (vegetarian)

Name: _____

Meal: Pork Salmon Chicken Vegetarian

Please indicate any dietary restrictions: _____

Name: _____

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Name: _____

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Please indicate any dietary restrictions: _____

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