

YES, I will attend the November 12th Spirit of Community Luncheon.

No, I cannot attend. Please accept my donation of \$_____. (*100% tax deductible*)

NAME _____

ORGANIZATION _____

DAYTIME PHONE _____ E-MAIL ADDRESS _____

Enclosed is my check for _____ payable to the Arlington Community Foundation.

I would like to pay by credit card (circle one). Visa MasterCard American Express

Name as it appears on card _____

Account Number _____ Expiration Date _____

I authorize the Foundation to charge my credit card _____

(Signature)

____ Luncheon Reservation (\$55)

1 reservation

____ Luncheon Benefactor (\$750)

(includes 1 table of 10 reservations; listing in program)

____ Luncheon Patron (\$150)

(includes 2 reservations; listing in program)

Capacity is limited.

____ Luncheon Underwriter (\$1,500)

*(includes 1 table of 10 reservations; listing in program;
signage at luncheon; recognition on website)*

THE ARLINGTON COMMUNITY FOUNDATION

2525 Wilson Boulevard, Arlington, Virginia 22201

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