

UNIVERSITY OF MARYLAND, BALTIMORE

2017 Founders Week Gala

Please respond by Sept. 25, 2017

Please reserve _____ seats at \$200 each Gala seats total \$ _____

Name(s) _____

Address _____


City/State/ZIP Code _____

Day Phone _____ Email _____

- I/we would like to have a special meal: Vegetarian Kosher Gluten-Free
- I am unable to attend.
- I/we would like to donate to:
 - President's Scholarship Endowment
 - General Scholarship Endowment Fund at:
 - Dentistry Medicine Pharmacy Other _____
 - Law Nursing Social Work

Total Donation \$ _____

Total Payment \$ _____

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	<input type="checkbox"/> OK to proceed <input type="checkbox"/> Make corrections and proceed <input type="checkbox"/> Make corrections and show another proof	Process Template: OutputPDF-Low Res Date: 17-08-15 Time: 11:21:16 Color: Blipima Surface Name: Front
Signed: _____	Date: _____	Operator: _____

