

Alexander Leigh Center for Autism

Saturday, March 13th, 2010

“Dance the Night Away for Autism”

Per Person \$50/Table of 10 - \$450

Kindly Reply by March 3rd, 2010

Name: _____

Address: _____

City, State, Zip: _____

Phone: _____

Email: _____

Total Number of Tickets _____ Total Amount \$ _____
(no tickets will be sent, check in at the door)

Please write attendees name and dinner selection on reverse

_____ I regret that I am unable to attend,
Please accept my donation enclosed \$ _____

Please Remit to: Alexander Leigh Center for Autism
9109 Trinity Drive, Lake in the Hills, Illinois 60156

www.alexanderleighcenterforautism.com

Please choose 1 per person

- (C) Chicken - Sautéed Chicken with a Sundried Tomato and Basil Cream Sauce, Asiago Whipped Potatoes and Green Beans
- (P) Pasta - Vegetable Cream Based Lasagna with Sundried Tomato Sauce on top Roasted Vegetables

C P

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

Total Chicken _____ Total Pasta _____