



**ALLENTOWN RESCUE MISSION  
THIRD ANNUAL**

*Gala Celebrating Lives Changed*  
DINNER | SILENT & LIVE AUCTION

DeSales University • The University Center • 2755 Station Ave., Center Valley, PA 18034

Saturday, April 21<sup>st</sup> 5:30 p.m. – 9:30 p.m.

## Reservation Form

Select an option below, please complete the front and back of this form.

*\*\*Contact Development Manager, Halden Warner, for more information about being Table Captain  
hwarner@armpa.org or 610-740-5500 x323*

*Yes! Please make my reservation:*

\_\_\_ **\$125 per person**

I would like to reserve # \_\_\_\_\_ seats,  
enclosed is my payment of \$ \_\_\_\_\_

\_\_\_ **\$1,000 Table Captain, Sponsor**

I would like to reserve a table. My guests  
are listed on the back of this form.

\_\_\_ **Table Captain**

I will commit to fulfilling the duties and  
responsibilities of a Table Captain.

I am reserving \_\_\_\_\_ seats at the Gala.

The Allentown Rescue Mission is a registered  
Pennsylvania Charity. Official registration and  
financial information may be obtained from the PA Dept.  
of State by calling toll-free, within PA 1-800-732-0999.  
Registration does not imply endorsement.  
All Sponsorships are valid for one year

**Name:** \_\_\_\_\_

**Table Captain/Sponsor Name:** \_\_\_\_\_

\_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

**Meal Choice (please circle):** Chicken • Beef • Vegetarian • Gluten Free

**Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Credit Card # and expiration date:** \_\_\_\_\_

\_\_\_\_\_

**Keep my information on file to bid on auction items:** YES NO

**Signature:** \_\_\_\_\_

\_\_\_\_\_

*\*\*All sponsorships are tax deductible\*\**

*Please list your guests on the back of this page*



# My Guests:

I want to be a Table Captain (check one): \_\_\_\_\_ yes \_\_\_\_\_ no

*\*\*Contact Development Manager, Halden Warner, for more information about being Table Captain*

***hwarner@armpa.org or 610-740-5500 x323***

<b>2. Guest</b> Name/s _____	<b><u>Select Meal Choice:</u></b> Chicken    Beef <b><u>Dietary restriction?</u></b> Vegetarian    Gluten
Address _____	
City, State, Zip _____	
Email _____ Phone _____	

<b>3. Guest</b> Name/s _____	<b><u>Select Meal Choice:</u></b> Chicken    Beef <b><u>Dietary restriction?</u></b> Vegetarian    Gluten
Address _____	
City, State, Zip _____	
Email _____ Phone _____	

<b>4. Guest</b> Name/s _____	<b><u>Select Meal Choice:</u></b> Chicken    Beef <b><u>Dietary restriction?</u></b> Vegetarian    Gluten
Address _____	
City, State, Zip _____	
Email _____ Phone _____	

<b>5. Guest</b> Name/s _____	<b><u>Select Meal Choice:</u></b> Chicken    Beef <b><u>Dietary restriction?</u></b> Vegetarian    Gluten
Address _____	
City, State, Zip _____	
Email _____ Phone _____	

<b>6. Guest</b> Name/s _____	<b><u>Select Meal Choice:</u></b> Chicken    Beef <b><u>Dietary restriction?</u></b> Vegetarian    Gluten
Address _____	
City, State, Zip _____	
Email _____ Phone _____	

<b>7. Guest</b> Name/s _____	<b><u>Select Meal Choice:</u></b> Chicken    Beef <b><u>Dietary restriction?</u></b> Vegetarian    Gluten
Address _____	
City, State, Zip _____	
Email _____ Phone _____	