

13<sup>th</sup> ANNUAL  
**FUND FOR  
WOMEN AND GIRLS**  
LUNCHEON

REPLY CARD

RSVP by

March 15, 2012

Luncheon tables and tickets purchased at the Underwriter, Benefactor, Sponsor and Patron levels will be recognized in the luncheon program.

Please reserve for me the following table(s) of 10:

<input type="checkbox"/> Underwriter Table	\$15,000
<input type="checkbox"/> Benefactor Table	\$10,000
<input type="checkbox"/> Sponsor Table	\$5,000
<input type="checkbox"/> Patron Table	\$2,500

*(Please print names of your guests on the other side)*

Please reserve for me the following individual seat(s):

<input type="checkbox"/> Underwriter Ticket	\$1,500+
<input type="checkbox"/> Benefactor Ticket	\$1,000
<input type="checkbox"/> Sponsor Ticket	\$500
<input type="checkbox"/> Individual Ticket	\$250

*(Please print names of any guests on the other side)*

*(Employees of nonprofits may purchase a ticket after March 12 for \$175)*

I will attend. I've enclosed my payment of \$\_\_\_\_\_

I am unable to attend, but want to support the Fund's work.

My contribution of \$\_\_\_\_\_ is enclosed.

Name \_\_\_\_\_ Day Ph \_\_\_\_\_

Organization (if applicable) \_\_\_\_\_

Address \_\_\_\_\_

City/ST/Zip \_\_\_\_\_

Email \_\_\_\_\_

*(Over please, for payment options)*

**To pay by check:** Mail your check, payable to **FCCF-FWG**,  
in the enclosed envelope to the  
Fairfield County Community Foundation  
383 Main Ave., Norwalk, CT 06851

**To pay by credit card:** \_\_\_ MasterCard \_\_\_ Visa \_\_\_ AmEx  
Card number \_\_\_\_\_  
Exp date \_\_\_\_\_ Amount to charge: \_\_\_\_\_  
Name as appears on card \_\_\_\_\_  
Signature \_\_\_\_\_  
Billing address \_\_\_\_\_

*Please fill in only the information that pertains to you.*

\_\_\_ **I have purchased a ticket and would like to sit with:**

\_\_\_\_\_

\_\_\_ **I have purchased a table or multiple seats. My guests are:**

*Please print first and last names, and city of residence*

My name & city \_\_\_\_\_,

Guest 1 \_\_\_\_\_,

Guest 2 \_\_\_\_\_,

Guest 3 \_\_\_\_\_,

Guest 4 \_\_\_\_\_,

Guest 5 \_\_\_\_\_,

Guest 6 \_\_\_\_\_,

Guest 7 \_\_\_\_\_,

Guest 8 \_\_\_\_\_,

Guest 9 \_\_\_\_\_,

\_\_\_ **I am a guest of:** \_\_\_\_\_

*For tax purposes, the nondeductible portion is \$550 per table and \$55 per ticket.  
Contact the Fairfield County Community Foundation if you would like a copy  
of its audited financial statements.*

**203.750.3200 [www.fccfoundation.org](http://www.fccfoundation.org)**