

Rome College Foundation



*The favor of your reply is requested by:  
April 9, 2018*



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

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

*City/Zip* \_\_\_\_\_

\_\_\_\_\_ *Attending at \$50 per Person at \$\_\_\_\_\_ total*

*Not Able to Attend* \_\_\_\_\_ *Please Accept*

*This Tax-Deductible Donation* \_\_\_\_\_

*Make checks payable to Rome College Foundation.*



*Indicate Your Entrée Choice (Or Call 315-337-1700):*

*Prime Rib* \_\_\_\_\_ *or Swordfish* \_\_\_\_\_