



R.S.V.P. By October 4, 2021

___ **YES**, I Will Attend

of Guests @ \$75 Each _____ (Table Of 10 For \$750)

Guest 1 _____

Guest 2 _____

Guest 3 _____

Guest 4 _____

Guest 5 _____

(Please list additional names on the back of this form)

___ **NO**, I Will Not Be Able to Attend, But Have Enclosed
a Contribution

Name _____

Address _____

City _____ State _____ Zip _____

Amount Enclosed \$ _____

Please Make Checks Payable To:

Wesley Education Center
P.O. Box 36260
Cincinnati, OH 45236-0260