



SAVORING CITYMEALS
A CASUAL SUNDAY SUPPER WITH DANIEL
SUNDAY, APRIL 13, 2008

Please reserve:

_____ table(s) for ten guests at \$25,000 as a "GOURMAND."

_____ individual seat(s) at \$1,000 each as a "COMMIS."
 (Tables are of 4, 6, 8 and 10 unless otherwise specified.)

I cannot attend but am enclosing \$ _____ as a contribution.

Name: _____

Title: _____

Company: _____

Address: _____

Phone: _____ Fax: _____

Email: _____

Enclosed is my check for \$ _____. (Please make checks payable to Citymeals-on-Wheels.)

Please charge \$ _____ to my credit card MC AMEX VISA

Card # _____ Exp. Date _____

My Guests are: -OR- I wish to be seated with:

YOU MAY FAX THIS FORM TO 212-687-1296 OR MAIL TO:
 CITYMEALS-ON-WHEELS, SPECIAL EVENTS DEPARTMENT
 355 LEXINGTON AVENUE
 NEW YORK, NY 10017

*For more information please call the Special Events Department at 212-687-1290. 100% of every ticket purchase and contribution will be used to provide meals. **The non-deductible portion of each dinner is \$100.***