RSVP by April 20 please

○ **I'M ALUM!!**
Skip to Name/Address Below

○ **Yes!** I WOULD LIKE TO ATTEND!

_____ TICKETS ($45/person) OR ____ TABLE ($275/8 seats)

○ A CHECK, PAYABLE TO WALBRIDGE SCHOOL, IS ENCLOSED

○ PLEASE ACCEPT MY CREDIT CARD: Visa MasterCard (circle one) for $____________________Total

__ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ ________ ______/______

Card Number 3-digit CVV Expires (mo/yr)

____

Signature

____

Printed Name (as on card)

____________________________________ __________________ _____ _________

Address City State Zip

____

Email (only for confirmation)

○ **I'M SORRY**

○ I AM UNABLE TO ATTEND, BUT PLEASE ACCEPT MY GIFT OF $__________

THANK YOU! ALL PROCEEDS WILL SUPPORT EXPANDED TUITION ASSISTANCE.

MAIL TO: WALBRIDGE SCHOOL, 7035 OLD SAUK ROAD; MADISON, WI 53717; or call 608-833-1338 to register by phone