

Breakfast for Books

A Fundraiser for Reach Out and Read Ohio

please RSVP by Friday, September 3, 2010

___ I plan to attend. Please reserve ___ Adult Individual Ticket(s) for me at \$45 each.

___ I plan to attend. Please reserve ___ Child Individual Ticket(s) for me at \$30 each.

___ I plan to attend. Please reserve ___ VIP Ticket(s) for me at \$100 each.

___ I plan to attend. Please reserve a table for me at \$500.

___ I am unable to attend, but have enclosed a donation to Reach Out and Read.

TOTAL AMOUNT ENCLOSED \$ _____

METHOD OF PAYMENT: ___ Check (made out to Ohio AAP Foundation)

___ VISA ___ Mastercard

Credit Card # _____

Expiration Date: _____ 3-digit code: _____

Cardholder's Name: _____

Address: _____

City, State and Zip: _____

Authorized Signature: _____

Company: _____

Daytime Phone: _____

Questions? Call (614) 846-6258 ***Please Note: All tickets are held at the door.***

PLEASE LIST ATTENDEES NAMES ON BACK

Return to: Ohio AAP, 450 W. Wilson Bridge Rd., Suite 215, Worthington, OH 43085