

Taddeo Celiac Fundraiser

Sunday, November 8, 2009

Donations: Adults/Children 12+: \$50/ Children under 12: Free

Individual Tickets

Adults: Please reserve _____ tickets at \$50 per person

Children: Please reserve _____ at No Charge

I will be attending and would like to make an additional contribution of \$ _____

I am unable to attend but would like to contribute \$ _____

Check enclosed in the amount of \$ _____

Please make check payable to: **The Trustees of Columbia University**

Please charge my: Amex, Visa, Master Card

Number: _____ Expiration Date: ____ / ____

Signature: _____

Credit Card Billing Information:

Name: _____

Address: _____

City _____ State _____ Zip _____

Telephone (_____) _____ Cell (_____) _____

Fax (_____) _____

Email _____

Please RSVP by October 30th, 2009

Lisa Taddeo: 732.212.8142, saligi@hotmail.com or

Catherine Marto: 646.436.7016, cmarto@92y.org

Fax: 212.415.5501

Please make checks payable to:

The Trustees of Columbia University

And mail to:

C/o Lisa and Sal Taddeo

28 Warren Street

Rumson, New Jersey 07760