



CHORAL EVENSONG AND FUNDRAISING DINNER

I would like to reserve _____ seats for dinner @ \$125 a seat

Name _____

Telephone _____

Email _____

Name of guests _____

I would like to be seated with the following people (optional) _____

Enclosed is a check in the amount of \$ _____ for the seats indicated above.

Enclosed is additional support for Music at Christ Church in the amount of \$ _____

I am unable to attend but have enclosed a 100% tax deductible gift for Music at Christ Church in the amount \$ _____

Please make check payable to Christ Church Bronxville with "choir" in the memo line

And return to:

Philip Stopford
Christ Church Bronxville
17 Sagamore Road
Bronxville, NY 10708

Maximum of 60 tickets, sold on a first come, first served basis

For more information, contact Philip at pstopford@ccbny.org