



NAME:		
Number of G	Guests x \$50 per person	
Number of C	Couples x \$90 per couple	
A TABLE OF 8	3 for \$360	
	t attend, but I/we wish to sup rount of:	oport GMH with a
My check is	enclosed, made payable to G	rant Me Hope
Please charg	e my VISA/MC:	
#		
Exp. Date	_// (3) Digit CVS #:	
Name:		
Address:		
City:	State:	Zip:
Phone:	Email:	

Kindly return this card and the payment in the envelope provided by June 3, 2021 THANK YOU!