



Scholarship Luncheon RSVP Card

I wish to attend the Scholarship Luncheon - Saturday, June 22, 2024

I am paying for _____ luncheon attendees @ \$65 per person (\$25 tax deductible per person) = total \$ _____

My name and the names of those I'm paying for include:

If necessary, use the back for additional names.

Please include email address, mailing address and phone number for non-members.

____ I wish to donate \$ _____ to underwrite lunch for the scholarship recipients (\$40 per meal tax-deductible).

____ I wish to donate \$ _____ to Footlighters Scholarship Fund in honor/memory of _____ (tax-deductible).

____ I cannot attend but will give \$ _____ for MTW's Education and Outreach Programs (tax-deductible).

My check for \$ _____ (total for luncheon and donations) is made payable to Musical Theatre West

Charge a total of \$ _____ to my: Visa _____ MasterCard _____ Discover _____

Card Number _____ CVV code _____ Expires _____

Reservations due by June 14th

Mail to: Yadira Del Rincon, 4350 E. 7th St., Long Beach CA 90804