



LUNCHEON RSVP

NAME(S): _____

ADDRESS: _____

PHONE: _____

EMAIL: _____

PLEASE LIST THE NAMES OF THE GUESTS WHO WILL BE SEATED
AT YOUR TABLE IN THE SPACE PROVIDED BELOW.

Kindly RSVP by November 28, 2017

_____ I/WE WILL ATTEND

ENCLOSED IS MY CHECK IN THE AMOUNT OF \$ _____

FOR MYSELF AND _____ GUESTS. (\$75.00 PER PERSON)

_____ I/WE WISH TO BE A SPONSOR

_____ BRONZE \$250 _____ SILVER \$500 _____ GOLD \$1,000

NAME(S): _____

I/WE CANNOT ATTEND, BUT WOULD LIKE TO SUPPORT PARMENTER'S
HOSPICE WITH A DONATION OF \$ _____

PLEASE MAKE CHECK PAYABLE TO :

The Parmenter Foundation

266 Cochituate Road • Wayland, MA 01778