

17th Annual Patriot Award Dinner

9/11 Seaford High School Memorial

Please circle payment type: **AMEX** MasterCard Visa

Card number: _____
(15 digits for AMEX - 16 digits for all other cards)

Exp. Date: _____ **Security Code:** _____
(security or CIV code is three digits on the back of your card after your card number OR
four digits on the front of card for AMEX above last four digits of your #)

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City: _____ **State:** _____ **Zip Code:** _____

Phone: (_____) _____

Signature _____

TOTAL PAID = \$ _____

17th Annual Patriot Award Dinner 9/11 SHS Memorial
Monday, July 1, 2019 6:00 Crest Hollow Country Club
Please Respond By June 18th Cost Per Person: \$100.00

Number attending _____

Total amount enclosed by check or credit card \$ _____

Checks payable to 9/11 SHS Memorial See back for credit card payment.

Please list names of guests and seating preference on separate piece of paper.

I cannot attend; however, a tax deductible donation is enclosed.

Name: _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Phone: (_____) _____

E-mail: _____

9/11 SHS Memorial - P.O. Box 2425 - Seaford, NY 11783