

THE FAVOR OF A REPLY IS REQUESTED BY NOVEMBER 23rd, 2017

Name:

Address:

City:

State:

Zip Code:

Phone:

Email:

“MOVIE NIGHT”
Sour Apples (Ekşi Elmalar)

- I will attend and bring _____ guests. I have enclosed a check for \$50 per _____ adults; \$25 per _____ students/children
- I would like to sponsor _____ student(s) at \$25 each to attend
- I am unable to attend, please accept my donation of \$ _____

TOTAL AMOUNT ENCLOSED: \$ _____

Please make your tax-deductible checks **payable to the ATFC – C4L Project**, a 501(c) (3) Non Profit Organization, and mail it to 1266 West Paces Ferry Road # 257 Atlanta, GA 30327-2306 along with this RSVP Card