



**32nd Annual
Worker's Memorial Day
Breakfast and Memorial Service
Friday, April 24th, 2020**

Seat Reservation and Memorial Gift Form

Name: _____ **Phone:** _____

Union Local/Organization: _____

Full Address: _____

Fax #: _____ **Email:** _____

Breakfast Program:

Please indicate below how many seats you will be using and how many, if any, are to be donated.

No. of Seats Being Purchased: _____

Donated: _____

(\$85.00 person/ \$850.00 per table of 10)

Memorial Gifts: All gifts are tax deductible

The names of those making Memorial Gifts will be listed in the Program.

Associate: _____ (\$1,050) Sponsor: _____ (\$800) Benefactor: _____ (\$550)

Patron: _____ (\$350) Donor: _____ (\$200) Other: _____

Total Amount of Enclosed Check: _____

Please make checks payable to PHILAPOSH
Mail to: 3001 Walnut St., 5th Floor, Philadelphia, PA 19104

Please respond no later than Wednesday, April 15, 2020

For Additional Information, call PhilaPOSH at (215) 386-7000 or

Email: nfuller@philaposh.org