



**36th Annual Workers Memorial Day
Breakfast and Memorial Service
Friday, April 26, 2024**

Seat Reservation and Memorial Gift Form

Name: _____ **Phone:** _____

Union Local/Organization: _____

Full Address: _____

Fax #: _____ **Email:** _____

Breakfast Program:

Please indicate below if you will be donating any purchased seats, and if so, how many.

No. of Seats Being Purchased: _____

Donated: _____

(\$75.00 person/ \$750.00 per table of 10)

Memorial Gifts:

Associate: _____ (\$1,250) Sponsor: _____ (\$800.) Benefactor: _____ (\$550.)

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

(Memorial Gift donations acknowledged in the printed program. All gifts are tax deductible.)

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 Friday, April 19, 2024

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

Email: nfuller@philaposh.org