

Yes, I (we) will attend.  Yes (\$25 per person)  NO  
 Lunch Choice  Regular  Vegetarian  
 I am unable to attend, but would like to donate \$ \_\_\_\_\_.

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 Phone/Fax/Email \_\_\_\_\_

Enclosed is my check for \$ \_\_\_\_\_. (Please make check payable to ACTION OHIO.)  
 Please charge my credit/debit card for \$ \_\_\_\_\_. (VISA | MasterCard | Discover)  
 Cardholder (if different) \_\_\_\_\_  
 Card # \_\_\_\_\_ Exp. \_\_\_\_\_  
 Signature \_\_\_\_\_ Cardholder's Zipcode \_\_\_\_\_

**Please send to: 36 W. Gay St., Suite 311, Columbus, OH 43215 1.888.622.9315**

Yes, I (we) will attend.  Yes (\$25 per person)  NO  
 Lunch Choice  Regular  Vegetarian  
 I am unable to attend, but would like to donate \$ \_\_\_\_\_.

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 Phone/Fax/Email \_\_\_\_\_

Enclosed is my check for \$ \_\_\_\_\_. (Please make check payable to ACTION OHIO.)  
 Please charge my credit/debit card for \$ \_\_\_\_\_. (VISA | MasterCard | Discover)  
 Cardholder (if different) \_\_\_\_\_  
 Card # \_\_\_\_\_ Exp. \_\_\_\_\_  
 Signature \_\_\_\_\_ Cardholder's Zipcode \_\_\_\_\_

**Please send to: 36 W. Gay St., Suite 311, Columbus, OH 43215 1.888.622.9315**

Yes, I (we) will attend.  Yes (\$25 per person)  NO  
 Lunch Choice  Regular  Vegetarian  
 I am unable to attend, but would like to donate \$ \_\_\_\_\_.

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 Phone/Fax/Email \_\_\_\_\_

Enclosed is my check for \$ \_\_\_\_\_. (Please make check payable to ACTION OHIO.)  
 Please charge my credit/debit card for \$ \_\_\_\_\_. (VISA | MasterCard | Discover)  
 Cardholder (if different) \_\_\_\_\_  
 Card # \_\_\_\_\_ Exp. \_\_\_\_\_  
 Signature \_\_\_\_\_ Cardholder's Zipcode \_\_\_\_\_

**Please send to: 36 W. Gay St., Suite 311, Columbus, OH 43215 1.888.622.9315**