



WEBER HSA SOCIAL NIGHT FUNDRAISER

RSVP by Friday, February 17, 2012

Name: _____

- I/We are able to attend and have enclosed a check in the amount of \$_____ (\$75 per person).
- I/We are not able to attend, but would like to make a donation in the amount of \$_____.

Please return this form to:

Mary Alice Hohr, c/o Weber HSA, Inc., 15 Tibbets Lane, Port Washington, NY 11050

Checks made payable to "Weber HSA, Inc."