



Name _____

Phone _____

Reservations @ \$50 ea _____ = \$ _____

Checks payable to: Canton Woman's Club. Pre-paid reservations required

Please list names for guests seated together (Tables of 7)

Name	Dietary Restriction
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Please return this reservation form to the club. If paying by credit card, call or visit the club. A 3.5% convenience fee will be applied for credit card usage.

822 Market Avenue N. Canton, OH 44702 • 330.453-4802

Please Consider Becoming a Sponsor

In Celebration of the Club's **105 years**, a Grand Gala is being planned. We are offering leveled sponsorships for this celebratory event.

Sponsors will be recognized on the following:

- Event Program
- Bulletin Board
- Newsletter
- Printed Signage



• Gold \$500 or more • Silver \$250 - \$499 • Bronze \$100 - \$249

☐ I wish to become a sponsor.

Name _____
(as listed in program)

Phone _____

Amt of Sponsorship Enc. \$ _____

☐ I am unable to attend, but I wish to make a donation of \$ _____

Please make checks payable to the Canton Woman's Club