Bloomfield Educational Foundation 2024 Annual Gala Wednesday, April 24, 2024 6:00 - 10:00 PM

Name:			
Street:			
City:	State	_Zip	
Phone:	E-mail:		
Please indicate your g	uests' names on the back	of this re	ply card.
I cannot attend but would like to make a \$			donation.
Commemorative Program	Book Ad Purchase: (Artw	ork due by	4/10/2024.) *
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Enclosed is payment	for Adult ticket(s)	@ \$125 e	ach
Note: \$125 Adult	s 21 and older; \$75 each	for unde	er 21
Please charge my	_Visa Mastercard	Total:	
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