

Name _____

Address _____

City _____

Daytime Phone _____

Email _____

Payment Method

Check Enclosed (Payable to B.T. School)

Visa

Mastercard

Name as it appears on the account

Account Number

Expiration Date

Signature

Please list dinner seating names

Please R.S.V.P. by February 18th
Proceeds will benefit B.T. Building / Technology Fund
A portion of your donation will not be tax deductible