



35th Anniversary Gala Response Form

Name: _____

Address: _____

Telephone: _____

Email: _____

No. Attending: _____

Payment: Check (Payable to ONNY) Visa Mastercard

Card #: _____

Exp. DT: _____ CVV: _____

Total Paid: \$65 by Oct. 14 \$75 from Oct. 14-21 = \$_____

Seat with: _____

Order Date: _____ Date Processed: _____

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