

Please print this page and mail your completed form and payment to:  
Mrs. Delores Sapienza  
72 West Royal Parkway  
Williamsville, NY 14221

# *Holiday Celebration 2011*

## TICKET ORDER FORM

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State: \_\_\_\_\_

Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Seat me with: \_\_\_\_\_

Number of guests: \_\_\_\_\_ at \$55 each, or, \$100 per couple

Name: \_\_\_\_\_

- Grilled 8oz. Filet Mignon
- Chicken Florentine
- Salmon Filet in Herb Butter
- Grilled 8oz. Filet Mignon
- Chicken Florentine
- Salmon Filet in Herb Butter

Name: \_\_\_\_\_

*Please list additional guests' meal selections on the reverse of this sheet.*

**TOTAL AMOUNT ENCLOSED** \$ \_\_\_\_\_

\_\_\_\_\_ Enclosed is my check payable to: Amherst Museum Board of Trustees

\_\_\_\_\_ Please charge my: Visa – MasterCard – Discover (please circle one)

Cardholder's name: \_\_\_\_\_

Credit card #: \_\_\_\_\_

Expiration date: \_\_\_\_\_

Signature: \_\_\_\_\_

**All reservations must be made by November 28, 2011.**