

Top O' The Towers Benefit Night
Friday, March 2, 2012
(RSVP by February 24, 2012)



Name: _____

Address: _____

City, State, Zip: _____

Phone: (H) _____ (W) _____

Email: _____

Please list the names in your party below for nametags:

Name(s): _____

Payment mailed to: St. Augustine Health Campus, Dev. Office,
7801 Detroit Ave., Cleveland OH 44102.

Questions: Please call 216-634-7402

Register online at www.staugustinemanor.org/totbenefit.htm

Completing and returning this card is your reservation.

No tickets will be mailed.

(continue on the reverse side)

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