



Steere House
NURSING • REHABILITATION

TWILIGHT IN THE GARDEN

PAYMENT:

CHECKS: [Please make check payable to Steere House] Enclosed is a payment of \$_____.

CREDIT CARD I wish to pay by: VISA Mastercard Discover AMEX

ONLINE at: www.steerehouse.org

Name on Credit Card: _____ CCV: _____

Account No.: _____ Exp. Date ____ / ____ / ____

Amount: _____ Signature: _____

Name: _____

Title/Organization [if applicable]: _____

Address: _____

City / State / Zip: _____

Contact Information: Phone _____ Email: _____

PARTY NAME: _____

Guest Name _____	Entree		
1. _____	<input type="checkbox"/> steak	<input type="checkbox"/> salmon	<input type="checkbox"/> ravioli
2. _____	<input type="checkbox"/> steak	<input type="checkbox"/> salmon	<input type="checkbox"/> ravioli
3. _____	<input type="checkbox"/> steak	<input type="checkbox"/> salmon	<input type="checkbox"/> ravioli
4. _____	<input type="checkbox"/> steak	<input type="checkbox"/> salmon	<input type="checkbox"/> ravioli
5. _____	<input type="checkbox"/> steak	<input type="checkbox"/> salmon	<input type="checkbox"/> ravioli
6. _____	<input type="checkbox"/> steak	<input type="checkbox"/> salmon	<input type="checkbox"/> ravioli
7. _____	<input type="checkbox"/> steak	<input type="checkbox"/> salmon	<input type="checkbox"/> ravioli
8. _____	<input type="checkbox"/> steak	<input type="checkbox"/> salmon	<input type="checkbox"/> ravioli
9. _____	<input type="checkbox"/> steak	<input type="checkbox"/> salmon	<input type="checkbox"/> ravioli
10. _____	<input type="checkbox"/> steak	<input type="checkbox"/> salmon	<input type="checkbox"/> ravioli
11. _____	<input type="checkbox"/> steak	<input type="checkbox"/> salmon	<input type="checkbox"/> ravioli
12. _____	<input type="checkbox"/> steak	<input type="checkbox"/> salmon	<input type="checkbox"/> ravioli

PLEASE RSVP BY JUNE 5

Mail check(s) to: Steere House, 100 Borden Street, Providence, RI 02903