



Spaghetti Dinner Reply Form

For questions or more information, please contact Marcia Fischer
at mfischer@glenmontessori.org or at 412-318-4885, ext. 4.

Company Name _____
(Please list as you would like to see it recognized on the program)

Contact Name _____ Title _____

Phone Number _____ Email _____

Address: _____

City _____ State _____ Zip _____

Yes! We would like to participate in The Glen's Spaghetti Dinner with a gift of:

___ Donating Raffle item or service, valued at \$25-\$99

Description of item(s) or service(s) _____

Fair Market Value of donation \$ _____

___ Donating Silent Auction item or service, valued at \$100+

Description of item(s) or service(s) _____

Fair Market Value of donation \$ _____

___ Sponsorship levels:

___ Table Sponsorship \$150+

___ V.I.P Table Sponsorship \$400

Requested time for private dinner for six: _____

___ I would like to make an unrestricted gift of \$ _____ to The Glen Montessori School

___ I am unable to participate at this time, but would like to attend the Spaghetti Dinner:

_____ # of adult tickets X \$10.00 each = \$ _____

_____ # of child tickets X \$ 5.00 each = \$ _____

**Please enclose a check with this form and mail it to the The Glen at the address below or
go to glenmontessori.org to make your gift today.**