

Please RSVP by August 7th

I would like to purchase ___ tickets at \$150 each

Guest name: _____

Guest name: _____

Please list additional names on the back

I regret I cannot attend, but wish to make a tax-deductible contribution of \$_____ to help fulfill the National Infantry Museum Foundation's mission of honoring Soldiers.

If you wish to pay by check, please make checks payable to the National Infantry Museum Foundation or call **706-685-2604** to pay by credit card.

**1775 Legacy Way, Suite 220
Columbus, Georgia 31903**

Please print your email address below for a confirmation email:

Please list any food allergies you have on the back.

Additional Guests

Guest name: _____

Guest name: _____

Guest name: _____

Guest name: _____

Guest name: _____

Guest name: _____

Food Allergies / Restrictions
