

RSVP by April 1, 2019

COMEDY NIGHT

To Benefit the Quest Autism Foundation

Friday, April 12, 2019 @ 7:00 pm

Brick House Restaurant

Name: _____

Address: _____

City/State/Zip: _____

Telephone: _____ Cell: _____

Email: _____

_____ Individual Dinner at \$150 per person

_____ Sponsorship _____ Donation Only

Amount enclosed: _____

All tickets will be held at the door.

Please make checks payable to: Quest Autism Foundation, Inc.

Payment method: _____ Check _____ Visa _____ MC _____ AmEx _____

Go to questnj.org/comedy-night-2019 to pay by PayPal

Card number: _____

Expiration date: _____ Card code: _____

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