

Please return this response card by March 19, 2010 with your payment to:

"TCHF"
c/o Thomas Cellini Huntington's Foundation
3019 East End Avenue, Suite B
South Chicago Heights, IL 60411



Name _____

Address _____

City _____ St _____ Zip _____

Phone # _____ # of Guests _____

Please seat me with _____

Check Credit Card Visa Discover MasterCard

Credit Card # _____

Expires ____ Security Code ____ Signature _____

I am unable to attend, but I would like to made a donation of \$ _____

All proceeds benefit families with Huntington's Disease