



REPLY FORM

Yes, I/we will be attending!

- ___ Single Tickets (x \$150 each) = \$_____ Total
- Reserved table of 8 (\$1200)
- Reserved table of 10 (\$1500)

Name(s)	Please check entrée selection: F V			F V
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/> <input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/> <input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/> <input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/> <input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/> <input type="checkbox"/>

F = Filet Dinner V = Vegetarian Portobello Dinner

Sorry, I cannot attend but please accept my donation of \$_____

Please make checks payable to
Texas Botanical Gardens & Native American Interpretive Center
 or provide your credit card information and authorization as follows:

<input type="checkbox"/> Visa	Number _____
<input type="checkbox"/> MasterCard	Exp. Date _____ Security Code _____ Billing ZIP _____
<input type="checkbox"/> Discover	Signature _____

Yes, I would like to receive Legacy Plaza's quarterly email newsletter
 Email Address _____

Please complete and return this form to:
 Texas Botanical Gardens & Native American Interpretive Center Inc.
 P.O. Box 513 Goldthwaite, TX 76844-0513

All proceeds benefit Legacy Plaza, a tax-deductible 501(c)(3) non-profit organization.