

A Timeless Christmas

RESERVATIONS
Kindly Respond by November 20, 2025

Name _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Email _____

RESERVATION OPTIONS

_____ Chicken entree, \$145 \$ _____

_____ Salmon entree, \$145 \$ _____

_____ Child entree (10 & under), \$65 \$ _____

_____ Bottle of Champagne or White Wine, \$60 \$ _____
(circle one)

_____ I am unable to attend but wish to contribute \$ _____

Total: \$ _____

RESERVATION PAYMENT OPTIONS

Check in the amount of \$ _____ payable to Saint Anthony Philoptochos

Credit card charge in the amount of \$ _____ VISA MC AMEX
(circle one)

A \$5 handling fee will be charged for each ticket purchased by credit card

Card Number _____ Expires _____

Name on Card _____ CVC _____

Signature _____ Date _____

For more information, please contact:

Nicole Schulman
stanthonybenefit@gmail.com

Tables seat ten to twelve guests.
Fully paid tables of ten are reserved on a first come first served basis.
Please provide the name, email address and entree choice for
each guest at your table.

Name _____ Email _____
(circle one) Chicken - Salmon - Child

Name _____ Email _____
(circle one) Chicken - Salmon - Child

Name _____ Email _____
(circle one) Chicken - Salmon - Child

Name _____ Email _____
(circle one) Chicken - Salmon - Child

Name _____ Email _____
(circle one) Chicken - Salmon - Child

Name _____ Email _____
(circle one) Chicken - Salmon - Child

Name _____ Email _____
(circle one) Chicken - Salmon - Child

Name _____ Email _____
(circle one) Chicken - Salmon - Child

Name _____ Email _____
(circle one) Chicken - Salmon - Child

Name _____ Email _____
(circle one) Chicken - Salmon - Child

Name _____ Email _____
(circle one) Chicken - Salmon - Child

Name _____ Email _____
(circle one) Chicken - Salmon - Child

*Meal substitutions may not be made on the day of the event
Please Inform Reservations of any Dietary Restrictions*