

Please respond by March 27, 2006

Name

____ *I/We will attend the Rockville Campus 40th Anniversary Gala.*

Please reserve _____ *seat(s) at \$40 per person. Total amount \$* _____

Guest name(s) _____

____ *I/We wish make a tax-deductible gift to the Rockville Campus 40th Anniversary Fund in the amount of*

Friend, \$40 *Educator, \$400* *Other, \$* _____

Knight, \$140 *Visionary, \$4,000*

Total amount \$ _____

____ *I/We will be unable to attend the event.*

Enclosed is a *check* *pledge for \$* _____

payable to the Montgomery College Foundation, Inc.

Please charge \$ _____ *to my* *Visa* *MasterCard*

Card No. _____ *Exp. Date* _____

Cardholder's Name _____

Address _____

City/State/Zip _____

Telephone (day) _____ *(evening)* _____

E-mail Address _____

Signature _____ *Date* _____

Please mail response and payment to:

*Montgomery College
Rockville Campus 40th Anniversary Gala
900 Hungerford Drive, Suite 200
Rockville, MD 20850*

*For information on sponsoring this event, please contact Carrie Hurd
at carrie.hurd@montgomerycollege.edu or call 301-610-4028.*