

INVITATION RESPONSE

Distinguished Alumni Program

Number for dinner - Chicken Entree _____

Name/s _____

Number for dinner - Vegetarian Entree _____

Name/s _____

Please advise if there are any special dietary needs: _____

\$40.00 per adult; \$11.00 per child under 12

*Send to-
Education Foundation of Albert Lea, P.O.
Box 828, Albert Lea, MN, 56007*