

NOVEL NIGHT

VOLUME THREE

Saturday, October 16, 2010, 7:30pm

R.S.V.P. by October 1st by returning this card with your payment
For more information, please call (201)795-5410
or e-mail: novelnight@gmail.com.

I would like to purchase _____ tickets at \$100 each; total \$_____

I would like to make an additional donation of \$_____

I am unable to attend but wish to make a donation of \$_____

TOTAL ENCLOSED \$_____

Please make your check payable to the Friends of the Hoboken Public Library.
The Friends are a 501(c)(3) organization and all payments and donations
are tax-deductible as permitted by law.

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE _____ EMAIL _____

You will receive the name and address of your host by e-mail or phone
approximately one week before the event. Should unforeseen
circumstances occur at the last minute, you will be notified.

Please list your dinner choices in order of preference
on the other side of this card.

Thank you for your support!

Please mail the card and your payment to:
Novel Night Committee
926 Bloomfield Street
Hoboken, NJ 07030

