

ST. MALACHI CENTER



2008  
BENEFIT

Thursday, March 13, 2008  
6:00 - 10:30 p.m.  
Crowne Plaza Hotel  
Cleveland City Centre  
777 St. Clair Avenue  
Cleveland, Ohio

Please hold \_\_\_\_\_ tickets  
\$65 per person (\$45 tax deductible)  
Discount Payment before February 28:  
\$60 per person (\$40 tax deductible)

All reservations will be held at the door

I am unable to attend, please accept this  
donation of \$ \_\_\_\_\_

To further the great work of the Center, I am  
enclosing an additional donation of \$ \_\_\_\_\_

Total amount enclosed \$ \_\_\_\_\_

**SOUP FOR THE SOUL**

c/o Plenzler  
29648 Devonshire Oval  
Westlake, OH 44145  
Questions: 440-808-0455

Or fax to:  
216-771-3659

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
Phone (\_\_\_\_) \_\_\_\_\_  
E-mail \_\_\_\_\_

Enclosed is my check for \$ \_\_\_\_\_ payable to Soup For The Soul

Credit Card:       VISA       MasterCard

Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Signature \_\_\_\_\_

YOUR REGISTRATION WILL NOT BE PROCESSED IF PAYMENT DOES NOT ACCOMPANY REGISTRATION FORM. ONCE PAYMENT HAS BEEN PROCESSED, A CONFIRMATION EMAIL WILL BE SENT TO EACH REGISTRANT.

Seating Preference

A.  Check includes payment for:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

B.  I would like to sit with:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

C.  Please arrange my seating

Need physically challenged seating for \_\_\_\_\_

**THANK YOU!**