

Gala Anniversary Celebration

I / We wish to attend this joyous occasion.

Number of Reservations _____ (\$150.00 per person)

Check enclosed \$ _____

Name _____

Address _____

City, State, Zip _____

Telephone _____ Email _____

Respond before September 30, 2008

Checks should be payable to Armenian Prelacy and mailed in enclosed envelope.
(138 E. 39th Street, New York, NY 10016).