## Response Card

Name:	
Address: _	
	State: Zip Code:
Phone:	Email:
V	Vill Attend Y N N # of Guests:
	Gala Tickets: \$190.00 per person
	\$1900 for a Table of 10 Guests
	Member Cost: \$90.00 per person
• Spons	nnnot attend, would you consider: oring a college student's attendance g a donation to our Scholarship program
_	<b>Donations</b> : Scholarship
Dor	ation:
_	nsor a student:
_	ner Dance:
	RSVP & Payment by: July 25, 2025 Checks payable to: New York League of Puerto Rican Women, Inc. Mailing Address: P.O. Box 60337, Brooklyn, NY 11206
https	Purchase tickets online: //www.zeffv.com/ticketing/17th-annual-nylprw-scholarship-ga



New York League of Puerto Rican Women, Inc. Follow us on: Facebook.com/nylprw @nylprw

For additional payment options, please email: Kristine@nylprw.org

"Educate a Woman, and you Educate a Family"

## **Attendees Guest List:**

Please email your response card to: info@nylprw.org



New York League of Puerto Rican Women, Inc.

Follow us on:





"Educate a Woman, and you Educate a Family