

Response Card

Name: _____

Address: _____

City: _____ State: ____ Zip Code: _____

Phone: _____ Email: _____

Will Attend Y N

of Guests: _____

Gala Tickets: \$180.00 per person

\$1800 for a Table of 10 Guests

Member Cost: \$90.00 per person

If you cannot attend, would you consider:

- Sponsoring a college student's attendance
- Making a donation to our Scholarship program

Donations: Scholarship

Donation: _____

Sponsor a student: _____

Dinner Dance: _____

RSVP & Payment by: July 5, 2024

Checks payable to:

New York League of Puerto Rican Women, Inc.

Mailing Address: P.O. Box 60337 Brooklyn, NY 11206

Zelle to: info@nylprw.org



New York League of Puerto Rican Women, Inc.

Follow us on:  Facebook.com/nylprw  @nylprw

"Educate a Woman, and you Educate a Family"

Attendees Guest List:

Please email your response card to:
Lynette@nylprw.org/Kristine@nylprw.org



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