



MAYFLOWER HOLIDAY DINNER AND MEMBERSHIP MEETING



Please RSVP by November 15, 2023

Please print clearly.

Contact Name

First Name

Last Name

Phone Number

Email

| OUR MENU! | | PLEASE INDICATE HOW MANY GLUTEN FREE MEALS YOU REQUIRE (if any): _____ |
|---------------------|----------------------------|---|
| Cheese and crackers | Vegetable Lasagna | |
| Beef Barley Soup | Mashed Potatoes | |
| Chicken Pot Pie | Butternut Squash | |
| Stuffed Sole | Apple Crisp with Ice Cream | |

| | Member Cost | Quantity | Total |
|---|-----------------------|----------|-------|
| Please indicate the number of members attending the dinner. | \$31 | | |
| | Guest/Non-Member Cost | Quantity | Total |
| Please indicate the number of guests attending the dinner. | \$40 | | |
| Please indicate the total amount included: | | | |

Please make check payable to MPWCC and mail to be received by 10/15/2023 to:

**Kathy Broska
2210 Wilbraham Road
Springfield, MA 01129-1854**

