

Name(s):

#### Phone:

Email:

#### Please indicate category and number of reservations

Supporter:\_\_\_\_\_ Patron:\_\_\_\_\_

## Choice(s) of Entrée:

Grilled Chicken *with* Florentine Sauce\_\_\_\_ Cider Marinated Flank Steak *in* Bourbon Mushroom Sauce\_\_\_ Baked Stuffed Haddock *with* Lobster Newburg Sauce\_\_\_\_

# Choice(s) of Dessert:

Flourless Chocolate Cake with Whipped Cream\_\_\_\_ Caramel Apple Crisp with Morton's Moo Vanilla Ice Cream\_\_\_\_ Morton's Moo Blood Orange Sorbet & French Tuiles\_\_\_\_

# I regret I am unable to attend

but will make a tax-deductible contribution to the FAMILIES FIRST COMMUNITY CENTER in the amount of \$\_\_\_\_\_

### Payment Information

My check to FFCC is enclosed in the amount of \$\_\_\_\_\_

Families First Community Center P O Box 951, Ellsworth, ME 04605 207-460-3711 www.familiesfirstellsworth.org