

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