

Love for Life Menu Form

Please complete the following form and enclose it with a check to:

Life is Better Rescue
 PO Box 19159
 Denver, CO 80219



Your name: _____

Your e-mail address: _____

Your phone: _____

Please enter the name and meal choice of each person these tickets are for:

Person	Name	Entree			Dessert	
		Fish	Beef	Vegetarian	Mousse	Tiramisu
#1	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Dietary Restrictions _____					
#2	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Dietary Restrictions _____					
#3	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Dietary Restrictions _____					
#4	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Dietary Restrictions _____					
#5	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Dietary Restrictions _____					
#6	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Dietary Restrictions _____					
#7	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Dietary Restrictions _____					
#8	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Dietary Restrictions _____					

Are you sponsoring a table? Yes No. If yes, what is the name of the sponsor? _____

Item	Quantity	Cost	Total
Ticket	_____ x	\$75	= \$ _____
Table Sponsor	_____ x	\$1,000	= \$ _____
Total Enclosed			\$ _____