



CLAWS for a CAUSE

University of Maryland
Shore Emergency Center at Queenstown



Guest Names:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

☐ Yes _____ reservations @ \$90 per person (advance ticket price)
Please list guest names on reverse side.

☐ No I/We cannot attend but enclosed is a donation to help support
UM Shore Emergency Center at Queenstown \$ _____

Please Print

Name _____

Address _____

City _____ State _____ Zip _____

E-mail _____

Phone _____ Fax _____

Enclosed is a check (or charge authorization) for \$ _____

Credit Card Information (MC/Visa/Discover/AMEX)

Account Number _____

Sec. Code (CSV) _____ Exp. Date _____

Signature _____

Make checks payable to the UM Memorial Hospital Foundation/UMSEC