

Wine Tasting Reservation Form 2019

I/we wish to make a reservation for _____ individual(s) at \$30 per person.

I//we cannot attend, but would like to contribute \$_____ to support the Friends of the Library.

Name(s) _____

Address _____

Daytime Phone _____ Email _____

Enclosed is a check for \$_____ payable to the Friends of the Town of Chester Library.

Please return this form with your check in the enclosed envelope to:

Friends of the Town of Chester Public Library

PO Box 451

Chestertown, NY 12817