



A Night to Remember Order Form

Join us in celebrating Katie's life and also in supporting our eight programs in Pediatric Intensive Care Units at children's hospitals.

_____ Please reserve _____ tickets (\$60 each)

_____ Please reserve _____ tables (\$600 for 10 guests)

Donor Information

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Guest(s) Names _____

Please return this form and your check made out to "Kisses from Katie" to P.O. Box 3378, Milford, CT 06460. All forms must be received by **October 31st** for a final dinner count. For more information please contact Vickie Manning at (203)605-5053 or Vickie@kissesfromkatie.org.