

Please charge my \_\_\_Visa \_\_\_Mastercard \_\_\_American Express  
Account # \_\_\_\_\_ Sec #\_\_\_\_\_ Exp. Date \_\_\_\_\_

Make checks payable to: United Cerebral Palsy – MCUTS  
The portion of your contribution in excess of \$60 per person is tax deductible.

Company/Individual Name: \_\_\_\_\_  
*(please print clearly)*

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone (day): \_\_\_\_\_

Phone (evening): \_\_\_\_\_

Email: \_\_\_\_\_

Guest name(s): \_\_\_\_\_

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## **RSVP by May 20, 2009**

The official registration and financial information of United Cerebral Palsy of Philadelphia and Vicinity may be obtained from the Pennsylvania Department of State by calling toll free within Pennsylvania, 1-800-732-0999. Registration does not imply endorsement.