



**At the Philadelphia Country Club
Sunday, May 6, 2007 • 11:00 AM to 2:00 PM**

Please Print:

Name: _____

Address: _____

Daytime Phone: _____ Cell Phone: _____

E-mail: _____

Prudential Fox & Roach Office (if applicable): _____

Number of persons attending: _____ Amount enclosed (\$75 per person): _____

I have enclosed a check made payable to the **ESF Dream Camp Foundation**.

I authorize the use of my personal or company credit card for the following:

Please check type of card: Visa MasterCard

Amount: \$ _____ Card #: _____ Expiration Date(mm/yy): _____

Name on card: _____

Billing Zip Code: _____

Card Holder Signature: _____

I am unable to attend, but I would like to make a contribution. Enclosed is a check/credit card payment of \$ _____ made payable to the **ESF Dream Camp Foundation**.

Please respond early as seating is limited. Kindly fax or return this flyer and payment by check or credit card by **April 29, 2007** to: **Emily Miller**

**ESF Dream Camp Foundation
750 E. Haverford Road
Bryn Mawr, PA 19010
Tel: 610-581-0100 ext 265
Fax: 610-581-7040**