

St. Matthew's 175th Anniversary Gala

Yes! I/we accept your invitation to the St. Matthew's 175th Anniversary Gala on October 17.

Name(s): _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____

E-Mail: _____

Number of guests: _____ at \$175 each, total \$_____

For those interested in reserving a table: 10 seats per table

☐ Check enclosed for \$_____

(payable to St. Matthew's Cathedral)

☐ Credit card: ☐ Visa ☐ MasterCard ☐ American Express ☐ Discover

Amount: \$_____

Name on card: _____

Credit Card Number: _____

Expiration date: _____ Security Code: _____

Signature: _____

To reserve your seats at the Gala, please complete this form
and return it to the Rectory Office:

175th Anniversary Gala
Cathedral of St. Matthew the Apostle
1725 Rhode Island Avenue NW
Washington DC 20036

Or you may register on-line at <http://www.stmatthewscathedral.org/GALA>

Please reply by October 2.