



Yes, I want to help
CAPP kids!

2024 CHaD Gala
Reservation Form

____ I/we will attend the Gala. Please reserve ____ tickets (\$125 ea).

____ Yes, I would like to contribute to the Wall of Hope:

____ Gold (\$150) ____ Silver (\$25)

Name(s) as it should appear on the Wall of Hope:

____ I am unable to attend the Gala, but please accept my donation

of \$ ____ in support of the CAPP Program at Dartmouth Health Children's.

Name: _____

Address: _____

City, State, Zip: _____

Phone: _____ Email: _____

____ Check Enclosed ____ Credit Card ____ Member Charge

Member # or Card #: _____

Name on Credit Card: _____

Card Exp. Date: _____ CVV: _____

Signature: _____

Please mail this form with payment to:
QLLA Charities, P.O. Box 1301, Quechee, VT 05059,
drop at Membership Services, or
Call the Club at (802) 295-9356