



CARNIVAL REPLY FORM

Please reserve _____ Kits at \$75.00 per kit. Each kits includes four dinner servings.

_____ No, I am unable to attend, but my donation of \$_____ to support Alumni scholarships is enclosed.

Name_____ Address

City, State, Zip Code_____

Telephone Number _____Email Address _____

Method of Payment

____ Check (Please make check payable to the Cincinnati State Alumni Association)

Amount Enclosed: \$_____

____ Credit Card (Please call Kim Taylor at 513-569-1236)

PLEASE MAIL THIS FORM AND METHOD OF PAYMENT TO:

Cincinnati State Alumni Office Attn: Kim Taylor, Alumni and Development Affairs Manager 3520 Central Parkway, ATLC 337 Cincinnati, OH 45223