

Name(s): _____

Address: _____ City: _____ State: ____ Zip: _____

Phone: _____ Email: _____



\$35.00 MCHA Members \$40.00 Non-members

Number Attending: _____ Amount Enclosed: _____

Unable to attend, please accept this donation: _____

Payment Type: Cash Check VISA/MC/DISC/AMEX

Credit Card Number: _____

Exp.: _____ CSC Number: _____ Zip Code: _____



Please indicate your meal choice(s) below.

___ Chicken Marsala ___ French Onion Sirloin ___ Parmesan Encrusted Salmon

*Please return this card with your payment by Friday, February 15, 2019 to:
Monroe County Historical Association, 900 Main Street, Stroudsburg, PA 18360.*

For more information, please contact the office at (570) 421-7703.