

## November 1st & 2nd, 2019

Vendor Name:					
Contact Name: _					
Address: _					
City/State/Zip:					
Cell Phone:					
Email:					
Description of item Special Requiren					
Circle Sponsorship Level:	\$500 -	Hope \$250	0 - Comfort	\$100 - Joy	
Payment Information	: Checks	payable to Ald	lersbridge Co	mmunities	
Please charge my:	Visa	Mastercard	Discover	AMEX	
Account Number:			Expiration Date:		
Signature:		Sales Tax ID Number:			

## Return form with payment no later than October 4, 2019 to:

Aldersbridge Communities
Attn: Elise Strom
40 Irving Avenue
East Providence, RI 02914

