



20th Annual
Workers' Memorial Day
Breakfast and Memorial Service

2008 Seat Reservation and Memorial Gift Form

Name: _____ Phone: _____

Union Local/Organization: _____

Full Address: _____

Fax #: _____ Email: _____

Breakfast Program:

No. of Seats Being Reserved: _____
(\$45. person/ \$450. table of 10)

Memorial Gifts:

Your gift not only supports the ongoing work of Philaposh, but allows us to invite family members of workers who have been killed on the job, injured workers, high school students, and others on limited income to attend. All gifts are tax deductible.

The names of those making Memorial Gifts will be listed in the Program.

Associate: _____ (\$1,000) Sponsor: _____ (\$750.) Benefactor: _____ (\$500.)

Patron: _____ (\$300.) Donor: _____ (\$150.) Other: _____

Total Amount of Enclosed Check: _____

(To be made out to Philaposh, 3001 Walnut St., 5th Floor, Philadelphia, PA 19104)

Please Respond by Wednesday, April 16th

For Additional Information, call Philaposh at (215) 386-7000