Howard Zinn Benefit for the Pat Farren Fund for *Peacework*

☐ **Yes, I will attend on October 21st.** Enclosed is $ _____ for _____ seats.

(Suggested donation: $50 – $10 per person, sliding scale. High school students $5.)

Names of those attending: _____

_____

☐ **I will not be able to attend on October 21st**, but I have enclosed a contribution to the Pat Farren Fund for *Peacework* in the amount of $ _____ .

~ Please make checks payable to AFSC-Peacework. ~

Bill my ☐ Mastercard
☐ Visa
☐ AMEX

Name on card _____
Card #_____
Exp. Date _____ / _____
Address _____
City, State, ZIP _____
Phone (_____) _____ - _____