

**YWCA of Madison's
Circle of Women™ 2010
Table Captain's Complete Guest List**

DUE TO YWCA BY FEB. 4, 2010

Today's Date: _____
 Table Captain's Name (You are Guest #1): _____
 Address: _____

Please indicate if address is a: business address home address

Home Phone: _____ Work Phone: _____ Fax: _____
 E-mail Address: _____ Vegetarian Meal YW to contact re: matching gift.

Please indicate if you (or any of your guests listed below) prefer a vegetarian option.

	Guest Name	Employer or Affiliation. Please indicate if the YW may contact employers re: a matching pledge.	Mailing Address & Phone Number Please indicate if the address provided is a business or home address.
2	<input type="radio"/> Vegetarian Meal	<input type="radio"/> YW to contact re: matching gift.	Address: _____ _____ <input type="radio"/> business address <input type="radio"/> home address Phone: _____ Email: _____
3	<input type="radio"/> Vegetarian Meal	<input type="radio"/> YW to contact re: matching gift.	Address: _____ _____ <input type="radio"/> business address <input type="radio"/> home address Phone: _____ Email: _____
4	<input type="radio"/> Vegetarian Meal	<input type="radio"/> YW to contact re: matching gift.	Address: _____ _____ <input type="radio"/> business address <input type="radio"/> home address Phone: _____ Email: _____
5	<input type="radio"/> Vegetarian Meal	<input type="radio"/> YW to contact re: matching gift.	Address: _____ _____ <input type="radio"/> business address <input type="radio"/> home address Phone: _____ Email: _____
6	<input type="radio"/> Vegetarian Meal	<input type="radio"/> YW to contact re: matching gift.	Address: _____ _____ <input type="radio"/> business address <input type="radio"/> home address Phone: _____ Email: _____
7	<input type="radio"/> Vegetarian Meal	<input type="radio"/> YW to contact re: matching gift.	Address: _____ _____ <input type="radio"/> business address <input type="radio"/> home address Phone: _____ Email: _____
8	<input type="radio"/> Vegetarian Meal	<input type="radio"/> YW to contact re: matching gift.	Address: _____ _____ <input type="radio"/> business address <input type="radio"/> home address Phone: _____ Email: _____
9	<input type="radio"/> Vegetarian Meal	<input type="radio"/> YW to contact re: matching gift.	Address: _____ _____ <input type="radio"/> business address <input type="radio"/> home address Phone: _____ Email: _____
10	<input type="radio"/> Vegetarian Meal	<input type="radio"/> YW to contact re: matching gift.	Address: _____ _____ <input type="radio"/> business address <input type="radio"/> home address Phone: _____ Email: _____

Is this an updated list from a previously submitted guest list? ___ Yes ___ No

Please submit to: Shannon Tervo, YWCA of Madison, 101 East Mifflin Street, Madison, WI 53703
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