THE STAMFORD HISTORICAL SOCIETY

Yes, I Want to Reserve for the Museum Trip to The Forence Griswold Museum Thursday June 12, 2008

Print, complete, and mail this form, along with your check, to:

The Stamford Historical Society 1508 High Ridge Rd. Stamford, CT 06903

Seats are limited, so please reserve your tickets early! Yes, I would like to reserve (#) of seats for the Spring 2008 trip to the Florence Griswold Museum, for the individual(s) listed below.* Enclosed is my check for \$ payable to THE STAMFORD HISTORICAL SOCIETY, INC. (#) Members @ \$90 Note: For membership information, call (203) 329-1183 or visit http://www.stamfordhistory.org/MSJoin.htm (#) Non-members @ \$95 (\$) Total amount enclosed Name of Attendee* City _____ State ___ Zip ____ Choice of Luncheon Entrée (please select one): [] Chicken Breast stuffed with Mozzarella Cheese and Spinach [] Grilled Salmon [] Pasta with Artichoke Hearts and Roasted Garlic & Tomatoes *Additional attendees may be listed here: