

Dine Out Against Hunger 2010

to benefit Project Hospitality's Food and Nutrition Programs on
Staten Island
(Community Mobile Food Pantry for Seniors, Soup Kitchen, Food
Pantries,
and Nutrition Education)

Thursday, April 22, 2010

Restaurant Response Form

____ Yes, I would like to participate in Dine Out Against Hunger on Thursday, April 22, 2010.
I will donate 20% of my receipts for that day excluding tax and alcohol. I understand that
the minimum donation to participate is \$200.

____ Yes, I would also like to include an additional contribution from alcohol proceeds on Dine
Out Day (optional).

____ Enclosed is a gift certificate for Dinner for Two to be used for the raffle to promote the
event.

____ I cannot participate in Dine Out this year. However, I am enclosing a donation in the
amount of \$ _____.

Restaurateur Name: _____

Restaurant Name _____

Restaurant Address: _____

Phone: _____

Email: _____

Fax: _____

Website: _____

Please return this form by April 1 by fax (718) 720-5476 or mail to:
Anita Yuen

Project Hospitality
100 Park Avenue, Staten Island NY 10302