

UNITED CEREBRAL PALSY OF METROBOSTON
Spa-la-bration!

Name _____ Address _____

Telephone (required) _____

{ } I/We will attend the event. Number of guests _____.

{ } We regretfully cannot attend the event, however, kindly accept my donation in the amount of
\$ _____.

[] Visa [] MC [] AMEX _____ Zip code card is billed Exp. Date ____/____/____

Number _____ Name on Card _____

Please select package:

_____ mini mani & mini pedi _____ mini mani, mini pedi & massage
_____ mini mani, mini pedi, massage & facial _____ blow dry

*Upon receiving your response card, GrettaCole will contact you to set up your appointments.
Please note: Services are subject to availability.*