



# *Mother Son Dinner*

*Please join us for an evening of food  
with your son.*

*Thursday April 27th*

*6:30—7:30 p.m.*

*Donna Shepard Library*

*Cost: \$20 per plate*

*Dinner includes: Pasta, Salad, Dessert,  
& Drinks*

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*Please return order form in an envelope marked Mother Son Dinner  
with cash or check to 1<sup>st</sup> period teacher or office by Monday April 24<sup>th</sup>.  
Make checks payable to Donna Shepard Intermediate School.*

*Name:* \_\_\_\_\_

*Team:* \_\_\_\_\_

*# of Dinners:* \_\_\_\_\_

*Amount Enclosed: \$* \_\_\_\_\_