



THE RHODE ISLAND HERITAGE HALL OF FAME

President Lawrence C. Reid and the Board of Directors
Invite You and your Guest(s) to the Hall's
59th Annual Induction Banquet and Fundraiser Event

To be Conducted on

Saturday, April 20, 2024

At

Rhodes on the Pawtuxet

60 Rhodes Place

Cranston, RI 02905

The Class of 2024 Honorees:

Father Philip G. Salois, M.S.

Speaker Matthew J. Smith

Lorén M. Spears

Dr. Joyce L. Stevos

James Vincent

John Hazen White Jr.

Thomas P. Whitten

Dress - Business Attire

Program:

5:00 - Cocktail Reception - photos, music, cash bar

6:00 - Opening Ceremonies

Dinner Served

7:15 - Induction Ceremony Begins

9:00 - Closing Remarks

INDUCTION BANQUET RESERVATION* FORM

Reservation \$150 per person / \$1200 Table of Ten

I/We will attend in honor of the following inductee(s):

{ } Fr. Salois { } M. Smith { } L. Spears { } J. Stevos

{ } J. Vincent { } J. Hazen White Jr. { } T. Whitten

Please Reserve #____Table(s) of Ten.

Or Just #____Reservation(s).

Or I/We will attend as a friend of the RIHHoF. Please provide #____Reservation(s).

You MUST list YOURSELF and ALL your GUESTS' names on the following page. Reservation requests will not be accepted absent Guests' names!

Dinner choices are: Chicken Saltimboca **OR** Baked Scrod. Both are served w/ Salad, Lyonnaise Potatoes, Vegetable Medley and Pasta. Coffee/tea & dessert.

YOU WILL RECEIVE YOUR TABLE NUMBER(S) AT THE CHECK-IN TABLE

Table and Individual Reservations **must** be purchased by mail.

Reservation \$150 per person / \$1200 Table of 10

Deadline for Reservations is MARCH 31st!

Checks made payable to: **RIHHOF** (Rhode Island Heritage Hall of Fame)

Mail to: Ms. Tracy Freese
47 Third Street
Newport, RI 02840

Your name: _____

Address: _____ City/State/zip: _____

Telephone: _____ Email: _____

Amount enclosed: \$ _____ Check number: _____



This is a "No Ticket" event. You are only buying Dinner Reservations.

Please list **YOURSELF** and all your **GUESTS' NAMES** and choice of entrée (**please print**):

1. _____ Chicken Fish
2. _____ Chicken Fish
3. _____ Chicken Fish
4. _____ Chicken Fish
5. _____ Chicken Fish
6. _____ Chicken Fish
7. _____ Chicken Fish
8. _____ Chicken Fish
9. _____ Chicken Fish
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35. _____ Chicken Fish
36. _____ Chicken Fish
37. _____ Chicken Fish
38. _____ Chicken Fish
39. _____ Chicken Fish
40. _____ Chicken Fish

Comments: special dietary request, gluten free, specific seating arrangements, etc.:

**PLEASE CONSIDER A DONATION TO THE
RHODE ISLAND HERITAGE HALL OF FAME**

We thank you for being a member, inductee, or ongoing supporter of the RI Heritage Hall of Fame as well as a valuable member of our community and our state.

The purpose of our organization is to select and induct into the Rhode Island Heritage Hall of Fame any individual who has brought credit to Rhode Island, brought Rhode Island into prominence, or contributed to the history and heritage of our great little state.

For the continued successful implementation of our annual Induction Banquet and Fundraiser Event honoring prominent Rhode Islanders, we are hopeful you would consider making a tax deductible donation to the Rhode Island Heritage Hall of Fame.

The funds will be utilized towards biographical research, books, operating our website, other educational materials and funding for the next generation of Hall of Fame inductees.

**YES, I would like to contribute to the Rhode Island Heritage Hall of Fame;
please accept my donation in the amount of:**

\$2500 _____ **\$1000** _____ **\$500** _____ **\$250** _____

_____ **\$ OTHER AMOUNT**

*Thank you for your donation.
It will be acknowledged in our Program Book.*

Donations may be made to:

Rhode Island Heritage Hall of Fame
1445 Wampanoag Trail, Suite 203
East Providence, RI 02915-1019

Name: _____

Address: _____ **City/State/zip:** _____

Telephone: _____ **Email:** _____

Amount enclosed: _____ **Check number:** _____