

# 27<sup>th</sup> Annual



**May 20 & 21, 2017**

## **Celebrating Skokie's Cultural Diversity**

Oakton Park  
4701 Oakton Street  
Skokie, IL 60076

P: (847) 674-1500  
F: (847) 674-9201  
[www.SkokieCultureFest.org](http://www.SkokieCultureFest.org)

The Skokie Festival of Cultures Committee is pleased to announce the 27<sup>th</sup> Annual Skokie Festival of Cultures. This award-winning arts celebration was developed in 1991 and is aimed at promoting a better understanding between Skokie residents of different ethnic, cultural and religious backgrounds.

You are invited to take part in supporting this unique event by becoming a **"Friend of the Festival."** A monetary donation is all it takes to support this event and have your personal/family name or business/corporate name listed in the commemorative festival program book.

To make a contribution, please complete the attached form and return with your donation to:

27<sup>th</sup> Annual Skokie Festival of Cultures  
Attn: Pamela Zeid  
4701 Oakton Street  
Skokie, IL 60076

### **Your Friends of the Festival donation can be made on or before Monday, April 10, 2017.**

If you have any questions or would like additional information about the Skokie Festival of Cultures, please visit the event website, [www.skokieculturefest.org](http://www.skokieculturefest.org) or contact Pamela Zeid at (847) 929-7715 or by e-mail at [pzeid@skokieparks.org](mailto:pzeid@skokieparks.org).

Your contribution and support of this event is greatly appreciated.

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Detach Here (Please include with payment.)

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

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Name/Organization/Business to be listed in program book:  
\_\_\_\_\_

Suggested Contribution Amounts: \_\_\_ \$15 \_\_\_ \$25 \_\_\_ \$30 \_\_\_ \$50

\_\_\_ Other Amount \$ \_\_\_\_\_

Method of Payment (Enclosed w/completed form.)

\_\_\_ Cash \_\_\_ Check (Payable to Skokie Festival of Cultures) \_\_\_ Visa, Mastercard, Discover

Card # \_\_\_\_\_ CVC # \_\_\_\_\_ Expiration Date \_\_\_\_\_

Cardholder Name \_\_\_\_\_ Charge Amount \$ \_\_\_\_\_

Cardholder Authorized Signature \_\_\_\_\_