



Name _____

Address _____

City _____ State _____ Zip _____

Phone _____

Email _____

Payment Options: Check # _____ Cash _____

Visa/MasterCard # _____ Expiration _____

Signature _____

_____ Please **reserve a table in my name**. Names of guests at my table are on **reverse side**.

_____ We'd love a **Premium Table** for 10 at \$1,250 (choices above + premium location & champagne.)

The names of my guests are on the reverse side. Premium table \$1125 if reservation is completed by October 10, 2011.

_____ I/we am/are **seated at a reserved table**. Reserved by _____

_____ I/we am/are able to sit at **any table** with any delightful people. Assign me/us a nice place.

_____ I am unable to attend but please **accept my donation** of \$ _____ for the music fund.

_____ Would you like to **host a fellow parishioner** for \$75 who would otherwise be unable to attend?

_____ I/we would like the Vegetarian Meal option

Enclosed is my payment of \$ _____ for # _____ reservations

Please make checks payable to All Saints' Episcopal Church (please put *SOS Dinner* on the memo line)

RSVP no later than October 24, 2011 Early pricing \$90 if reservation completed by October 10, 2011

Seating Arrangements

Please fill in your guests' names

_____ Are you paying for this guest ? yes ___ no ___

_____ Are you paying for this guest ? yes ___ no ___

_____ Are you paying for this guest ? yes ___ no ___

_____ Are you paying for this guest ? yes ___ no ___

_____ Are you paying for this guest ? yes ___ no ___

_____ Are you paying for this guest ? yes ___ no ___

_____ Are you paying for this guest ? yes ___ no ___

_____ Are you paying for this guest ? yes ___ no ___

_____ Are you paying for this guest ? yes ___ no ___

All Saints' Episcopal Church and Day School is a 501 (c)(3) non-profit organization.
We gratefully acknowledge your generous donation which may be tax deductible.