

Silver Soirée

RESERVATION FORM

Please hold _____ tickets at \$35 each \$_____

Please hold _____ tables at \$300 each \$_____

(tables are for 10 persons only)

_____ *I am unable to attend,
but attached is my tax-deductible donation* \$_____

_____ *I would like to donate an item to the silent auction ~
please contact me.*

_____ *Please add me to the SOR mailing list.*

TOTAL \$_____

Name _____

Address _____

City State _____ Zip _____

Phone: _____ Email _____

Please make checks payable to "SOR"
Mail this card with your Check to:

**STRING ORCHESTRA
OF THE ROCKIES**
P.O. BOX 8265
MISSOULA, MT 59807
VISIT WWW.SORMT.ORG
OR CALL 406.493.2990