



# RSVP

Please RSVP by Sept. 25, 2007. Reservations will be held at the door; tickets will not be mailed  
*For inquiries regarding reservations, please call 425.894.1011 or email [debra@ciesam.org](mailto:debra@ciesam.org)*

## Ticket/Table Reservations

- Yes, I will attend - The 7th Annual Casino Night, Dinner and Live Auction

Angel	___\$100 individual ticket(s)
Pot of Gold	___\$1,000, Table for 10; quarter page in program
Ray of Hope	___\$1,500, Table for 10; half page in program
Rainbow	___\$2,000, Table for 10; full page in program

- I am unable to attend but would like to show my support

Please accept my donation of \$\_\_\_\_\_

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

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone/Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_





**Payment Method:** (please return payment in the enclose envelope)

- Check enclosed made payable to CieSam & Friends
- Please charge my  VISA  MC

Account Number: \_\_\_\_\_ Exp \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

**Please list all those in your party: (10 person per table)**

Name \_\_\_\_\_ Phone: \_\_\_\_\_  
 Chicken  Beef  Vegetarian  
 Name \_\_\_\_\_ Phone: \_\_\_\_\_  
 Chicken  Beef  Vegetarian  
 Name \_\_\_\_\_ Phone: \_\_\_\_\_  
 Chicken  Beef  Vegetarian  
 Name \_\_\_\_\_ Phone: \_\_\_\_\_  
 Chicken  Beef  Vegetarian  
 Name \_\_\_\_\_ Phone: \_\_\_\_\_  
 Chicken  Beef  Vegetarian  
 Name \_\_\_\_\_ Phone: \_\_\_\_\_  
 Chicken  Beef  Vegetarian  
 Name \_\_\_\_\_ Phone: \_\_\_\_\_  
 Chicken  Beef  Vegetarian  
 Name \_\_\_\_\_ Phone: \_\_\_\_\_  
 Chicken  Beef  Vegetarian  
 Name \_\_\_\_\_ Phone: \_\_\_\_\_  
 Chicken  Beef  Vegetarian

