

THE 14TH ANNUAL SBI AUCTION GALA

Please RSVP by Wednesday, March 10, 2010

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ E-mail _____

- Individual: Please reserve _____ seat(s) at \$115.00 per guest.
- Company: Please reserve _____ table(s) of 10 at \$1,250.00 per table (*corporate logo included in Gala program*).
- I/We are unable to attend but wish to contribute to this special event. Amount \$ _____.

Method of Payment: _____

- Check (please make payable to SBI) Visa MasterCard

Name on Credit Card _____

Credit Card # _____ Expiration Date _____

Please list attendees on reverse.

ATTENDEES

Name of Table/Host:

LAST NAME

FIRST NAME

GUESTS

Please print clearly and check box for vegetarian option.

VEGETARIAN
MEAL

1 _____ , _____
LAST NAME FIRST NAME

2 _____ , _____
LAST NAME FIRST NAME

3 _____ , _____
LAST NAME FIRST NAME

4 _____ , _____
LAST NAME FIRST NAME

5 _____ , _____
LAST NAME FIRST NAME

6 _____ , _____
LAST NAME FIRST NAME

7 _____ , _____
LAST NAME FIRST NAME

8 _____ , _____
LAST NAME FIRST NAME

9 _____ , _____
LAST NAME FIRST NAME

10 _____ , _____
LAST NAME FIRST NAME