

RESERVATION CARD

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE # _____

EMAIL _____

Please mark your appropriate reservation.

Individual \$100 *Couple \$175* *Table of 8 \$750* *Table of 10 \$900*

Please RSVP by April 12, 2010.

Make checks payable to Komen Lowcountry Affiliate.

If paying with a Credit Card please fill out the form below,
or call our office to make your reservation at 843.556.3343.

CC # _____

Exp. DATE _____