

Reservation Card

Please include title, full name, current or highest office held and the hereditary organization

Full Name

Hereditary Organization - Office

Full Name

Hereditary Organization – Office

Full Name

Hereditary Organization - Office

Full Name

Hereditary Organization - Office

Contact - Phone _____

Contact - E-mail _____

of Reservations _____ @ \$65 per person = \$ _____

I/We would like to be a patron-tax deductible. (circle one)
\$250 \$150 \$100 \$50 \$25 Other _____

Name to appear for Sponsorship Recognition:

Total Amount Enclosed _____

Return this form with payment payable to MDSSAR by December 14th, to

Mark Deeds
1567 Sappington Drive
Gambrills, Md 21054-1058

Please feel free to copy this form for additional attendees