

R S V P

Reservation Contact: _____

Phone Number: _____

Number in Party: _____

I would like to reserve _____ table(s) (tables seat 8 -10)

Please fill in the names, addresses and dinner choice for all guests (including yourself) on the reverse so that we may send receipts and thank you notes to the appropriate parties.

(If you have additional guests, please copy this form or list them on a separate page)

My check is enclosed (payable to Wild Fish Conservancy).

Please charge my: Visa / Mastercard / American Express

_____ Exp: _____

Signature: _____

Sorry I can't attend but I would like to support Wild Fish Conservancy by making a tax-deductible donation:

\$ _____

Name: _____ Dinner #: _____

Name: _____ Dinner #: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Name: _____ Dinner #: _____

Name: _____ Dinner #: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Name: _____ Dinner #: _____

Name: _____ Dinner #: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Name: _____ Dinner #: _____

Name: _____ Dinner #: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____