

T·H·E
Sandy Springs
S·O·C·I·E·T·Y

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

PLEASE RSVP BY SEPTEMBER 14, 2005.

Tables: 8 Guests.....\$400.00

10 Guests.....\$500.00

(Please write the names of your guests on the back)

Patron (1 reservation)\$50.00

I cannot attend but wish to send a tax deductible donation of:

\$50 ____ \$100 ____ \$200 ____ Other ____

____ Please send me an absentee bid sheet.

Total Guests _____ Total \$ _____

My check for _____ is enclosed.

Please make checks payable to the SSS Turtle Project.

Cash, cashiers check or personal check accepted with proper identification for Turtle purchases. Absentee bids accepted.

For more information please visit www.townturtles.org



NORTHSIDE HOSPITAL

*Proceeds will be donated to a project benefiting the entire community of Sandy Springs.
The beneficiary will be announced Auction Night.*