



☆☆☆☆ **A LONE STAR NIGHT** ☆☆☆☆



RSVP by February 16 * Tables Seat 8 * Charge & Seating Requests on Back

Name: _____

Address: _____

City, State: _____ Zip: _____

Email: _____ Phone: _____

Please reserve _____ seats at \$55 each (0 drinks) \$ _____

Please reserve _____ seats at \$65 each (2 drinks) \$ _____

I cannot attend, but would like to support ORLS:

I am enclosing a tax deductible donation \$ _____

I would like to sponsor a ticket for faculty \$ _____

TOTAL AMOUNT \$ _____

_____ Pay by check (check # _____ enclosed)



_____ I will call the school office 214-368-1371 to charge my card.

Charge my credit card Visa or MasterCard \$ _____

Name on Card _____

Billing Address _____

City, State: _____ Zip: _____

Card # _____

Expiration Date _____ 3 Digit Code _____

Seating Requests:

