



Greek Orthodox Mission of South Orange County

Name

Phone

Email

YES! I will attend.

- Please reserve _____ seats in my name at \$200 per guest.
- Please reserve _____ table(s) of 10 in my name at \$2,000 per table.

Please indicate your entrée choice(s):

Number of Filet Mignon _____ Number of Sea Bass _____

NO, I regret I will not attend.

- Enclosed is a donation of
\$ _____ to benefit the Greek Orthodox Church

Naming Vote

Votes are \$100 each. Please indicate how many votes you are casting beside your selection(s). See enclosed brochure for details.

_____ **Saint Andrew**

_____ **Saint Irene**

_____ **Saint Basil**

_____ **Saint Paraskevi**

_____ **Elevation of the Cross
(Holy Cross)**

_____ Total number of votes x \$100 = \$ _____

See reverse for payment info

Payment Method

Check VISA MasterCard Other: _____

Cardholder name

Credit card number

Expiration date

Security code

Billing address

City

State

Zip

\$ _____ Total ticket amount (individual tickets/tables)

\$ _____ Donation amount

\$ _____ Naming votes amount

\$ _____ **Total enclosed by check or authorized
on credit card**

You may also reserve your seats by calling Ann Rhodes at 949-542-3445.