

Yes, I'll attend SOAR's event on Thursday, March 19.
Enclosed is \$_____ covering _____ people.
Tickets are \$75 each, \$600 for a table of eight.

No, I am unable to attend, but would like to make a donation of \$_____ to help SOAR continue bringing the arts to Oshkosh area students.

Pay by: Check Credit Card

NAME

ADDRESS

CITY/STATE/ZIP

TELEPHONE

E-MAIL

CREDIT CARD NO.

EXP. DATE

SECURITY CODE

SIGNATURE

RSVP by March 11, 2020. Please list yourself, your guest(s), and entrée choice(s) on reverse and return form to: SOAR c/o Oshkosh Area Community Foundation, 230 Ohio Street, Suite 100, Oshkosh, WI 54902. Checks may be made out to OACF with "SOAR" on the memo line.

Choice of Entrée

1. Mediterranean Chicken: Boneless chicken breast with artichokes, tomatoes, kalamata olives & herb wine sauce
2. Braised Boneless Beef Short Ribs
3. Soy Glazed Salmon

A vegetarian option is available upon request.

All entrées include mixed greens (with pears, dried cranberries, pistachios), rolls & butter, and side dishes of creamy potato gratin, and grilled vegetables. Dessert will feature vanilla creme brûlée. Coffee table service, cash bar.

Guest name (including yourself), circle Entrée choice:

	Entrée
1. _____	1 2 3
2. _____	1 2 3
3. _____	1 2 3
4. _____	1 2 3
5. _____	1 2 3
6. _____	1 2 3
7. _____	1 2 3
8. _____	1 2 3