



SOROPTIMIST®

Investing in Dreams

Soroptimist International of Riverside

SALUTE TO SERVICE AWARDS REGISTRATION FORM

Name _____
Address _____
City _____ State _____ Zip Code _____
Phone _____
Email Address _____

PLEASE RESERVE _____ TICKETS @ \$55/each = \$ _____ TOTAL DUE

Number of Vegetarian meals _____

Please list the names of additional guests:

PAYMENT INFORMATION

Visa _____ Mastercard _____ American Express _____ Other (Write Name) _____

Account Number _____ Expiration Date _____

Cardholder Name _____ CVW Code _____

Signature _____

Mail this registration form by **APRIL 10, 2024** with your credit card information
or check payable to Soroptimist International of Riverside to:

Salute to Service, Soroptimist International of Riverside, P. O. Box 1631, Riverside CA 92502