

Wisconsin Upper Michigan District

SOS PROJECT ORDER FORM

Originator: _____ Date: _____

Organization: _____ Chapter: _____

Ship To:

- Organization _____
- Individual _____
- Street _____
- City _____
- State _____
- Zip Code _____
- Phone Number _____

Recipient Information:

- Person To Contact _____
- Phone Number To Reach Contact _____
- Number Of SOS Kits Requested _____

FAX ORDER TO 1-608-563-0446

Comments and Special Instructions:

Please send this order form with a \$500.00 (per Kit) payment made out to Table Innovations, Inc to the following;

Table Innovations, Inc.
Site Of Senses Project
1204 Columbus Circle
Janesville, WI 53545

Club donations to the project are also appreciated.

For more information contact David Brookhiser at tableinno@charter.net