

## 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](mailto:tableinno@charter.net)