**Singing Valentine**

**Order Form 2025**

**Order Details:**

**Person Ordering Full Name:**

**Person Ordering Phone #:**

**Person Ordering Email:**

**Person Receiving Full Name:**

**Person Receiving Email:**

**Person Receiving Addresss:**

**Preferred Time of Day: $40 for 2 to 3 hour window $60 for 15 minute window**

**Preferred Quartet:**

**Custom SV Card Message:**

**Person Ordering do you wish to be there? Yes or No If yes please provide the best number to reach you 30 minutes before.**

**Preferred form of payment: Pay online at** [**www.capitolchordsmen.org**](http://www.capitolchordsmen.org) **click on Donate or mail us a check to: Capitol Chordsmen PO Box 45375 Madison, WI 53744-5375**