



**YES:** I will attend the Garden Party

Please reserve \_\_\_\_\_ ticket(s) at \$125 each

**NO:** I am unable to attend but please accept my tax-deductible donation in the amount of \$ \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_ Phone ( \_\_\_\_\_ ) \_\_\_\_\_

Garden Party Ticket(s) \$ \_\_\_\_\_

Opportunity Drawing \$ \_\_\_\_\_

Donation \$ \_\_\_\_\_

Total Amount Enclosed \$ \_\_\_\_\_

Check enclosed: Made payable to Convalescent Aid Society

Please Bill my Credit Card (Visa/MC, AMEX, DC)

Card # \_\_\_\_\_ Exp \_\_\_\_\_

Card Holder \_\_\_\_\_ CVV \_\_\_\_\_

continued on back

# Opportunity Drawing:

Indicate the number of tickets you would like to purchase next to each item.

## Tickets:

Grand Prize: \$50 Each \_\_\_\_\_ Grand Prize

Premium Packages: \$25 each or \$100 for 5

\_\_\_\_\_ Item #1      \_\_\_\_\_ Item #3

\_\_\_\_\_ Item #2      \_\_\_\_\_ Item #4

Watch for more items at the Garden Party!

Names of Garden Party Guest:

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Please return this RSVP form with payment.

Questions? Call Deborah Lewis at 626-793-1696 x 105

*Please mail form to:*



**CONVALESCENT**  
*Aid Society*

LOAN OF MEDICAL EQUIPMENT

3255 East Foothill Blvd.

Pasadena, CA 91107

626-793-1696

The Convalescent Aid Society is a non-profit 501(c)(3) corporation

Tax ID # 1782304