

ONLINE



GOURMET GARDEN PARTY



Yes: I will attend the Gourmet Garden Party
Please reserve _____ ticket(s) at \$125 each.

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

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Phone: (_____) _____

Gourmet 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 _____

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 #4

_____ Item #2 _____ Item #5

_____ Item #3 _____ Item #6

Please mail this form to:
Convalescent Aid Society
3255 E. Foothill Blvd.
Pasadena, CA 91107

Questions? Call Deborah Lewis at 626-793-1696 x105