

October in Paradise 2009

RESERVATION FORM

NAME (S) _____

ADDRESS _____

CITY AND ZIP _____ PHONE _____

Please reserve _____ tickets @ \$70 each. I enclose \$ _____ (Tickets will be held at the door)

(Advance reservations *must* be received by Sept 29. Tickets at the door \$75)

I WANT TO DO MORE!

Please list me as a sponsor. Circle one: \$150 \$250 \$500 \$1000 \$2500 \$5000

Name (business or personal) for event program: _____

Sponsors may order complimentary tickets: \$150/2, \$250/3, \$500/4, \$1000/6, \$2500/8, \$5000/10

_____ Number of complimentary tickets ordered.

_____ I cannot attend; here is my donation of \$ _____

_____ Here is \$25 for a Task Force membership.

PAYMENT INFORMATION

Total Enclosed or Charged Below: \$ _____

Visa/Master Card # _____ Exp Date _____

Signature _____

Return this form with your check or credit card information to:
Task Force for the Homeless, 3315 Airway Drive, Santa Rosa CA 95403 707-575-4494