

October in Paradise 2010

TICKET RESERVATION FORM

NAME (S) _____

ADDRESS _____

CITY AND ZIP _____ PHONE _____

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

Advance reservations *must* be received by October 12. Tickets at the door are \$75. 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 (phone/fax).*

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 sponsor tickets ordered.

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

_____ I am enclosing \$25 for a Task Force membership.

PAYMENT INFORMATION

Total Enclosed or Charged Below: \$ _____

Visa/Master Card # _____ Exp Date _____

Signature _____ (for printed copy only)