

PLEASE REPLY BY 19 APRIL 2009

Name _____

Company _____

Address _____

Phone _____

Email _____ **Total \$** _____

Please make checks payable to St Camillus Center
 or use your credit card Visa or Mastercard:

Card# _____ Expiration ____/____

Name on Card _____ Security Code _____

Your donations are tax-deductible to the extent allowed by law.
 501c(3) Non-Profit Tax ID# 95-2305590

For more information, please call (323) 225-4461, Extension 117.

INDIVIDUAL TICKETS

VIP (includes winery tour & bottle of wine)... **\$125** x _____ (# of tickets)

General **\$75** x _____

Seniors & Students **\$50** x _____

We are unable to attend, but would like
 to make a donation in the amount of \$_____.

Tables seat 10. For multiple tickets, tables or event sponsorships,
 please list the names of those in your party:

EVENT SPONSORSHIPS

MERLOT **\$5,000**

*Full-Page Ad in Program
 Prominent recognition at event
 Recognition in A VISIT newsletter
 10 VIP tickets to benefit*

CHARDONNAY **\$3,000**

*Half-Page Ad in Program
 Prominent recognition at event
 Recognition in A VISIT newsletter
 6 VIP tickets to benefit*

SHIRAZ **\$2,000**

*Half-Page Ad in Program
 Recognition in A VISIT newsletter
 4 VIP tickets to benefit*

For more information, please call (323) 225-4461, Extension 117.

PROGRAM SPONSORSHIPS

We encourage electronic submissions (pdf files, jpg files, Word files.) Please email
 to SAW2009@stcamillus.ftml.net. Or enclose a print copy with your reply card.

Inside Front/Back Cover (7x8½)..... **\$750**

Full-Page (7x8½)..... **\$500**

Half-Page (7x4¼)..... **\$275**

Quarter Page (3½x4¼)..... **\$150**

Business Card (3½x2)..... **\$75**

Listing (per name)..... **\$25**

Please print name(s) for Listings and select optional commemoration:

_____ In Honor or In Memory
 _____ In Honor or In Memory
 _____ In Honor or In Memory
 _____ In Honor or In Memory