



Pure Mendocino 2008 Ticket Reservation Form
"The premier organic food and wine adventure in the known world."
 Information: Call 800-449-6483 (toll free) or 707-937-3833.
 Visit us online at www.puremendocino.org

FIRST STEP: Pick your tickets.

_____ ticket(s) @ \$135 per person, for the Friday, August 22, 2008, 5-9pm Organic Dinner to be held at Dark Horse Ranch, 5341 Old River Road, Hopland

_____ ticket(s) @ \$40 per person, for the Saturday, August 23, 2008, 4-7:30pm Organic Food & Wine Tasting at Parducci Wine Cellars, 501 Parducci Road, Ukiah

_____ ticket(s) @ \$15 per person, for the Sunday, August 24, 2008, 12-2pm Picnic at McFadden Farm & Vineyard, 16000 Powerhouse Rd, Potter Valley. *Cosponsored by the Ukiah Natural Foods Co-op.* (Farm Tour begins at 10am and is free.)

_____ Pure Heart Sustaining Circle @ \$2500, *includes event sponsorship recognition at all Pure Mendocino events*, a table (8 seats) for the Friday, August 22 Organic Dinner and four tickets for the Saturday, August 23 Organic Food & Wine Tasting. (Additional tables available for sponsors at the special rate of \$1,000.)

_____ Pure Heart Sponsor @ \$1250, includes recognition at Organic Dinner, a table (8 seats) for the Friday, August 22 Organic Dinner, and two tickets for the Saturday, August 23 Organic Food & Wine Tasting. (Additional tables available for sponsors at the special rate of \$1,000.)

Although I cannot attend, I wish to make a donation of: \$_____ to the Cancer Resource Centers of Mendocino County (CRCMC is a 501(c)3 nonprofit with tax id 68-0357416).

Total Amount Included: _____ *Please Note: we are unable to refund ticket donations for cancellations after August 1, 2008*

SECOND STEP: Tell us about yourself.

First Name: _____ Last Name: _____

Company: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Email: _____

Billing Address (if different): _____

City: _____ State: _____ Zip: _____

Have you attended Pure Mendocino in the past? YES NO

How did you hear about the event? _____

THIRD STEP: Choose your method of payment.

CREDIT CARD

Fax credit card information to our secure CRCMC fax line: 707-937-1143

Credit Card Type: Visa or MasterCard or Discovery

Credit Card Number: _____ - _____ - _____ - _____

Expiration Date: ____/____

Card Holder Name: _____ Card Holder Address: _____

CHECK

Please make checks out to "CRCMC" & mail with form to: PO Box 50, Mendocino, CA 95460

CRCMC Staff Please Complete This Section:

Ticket Number(s): _____

Date Tickets Picked Up: _____

OR Date Tickets Mailed: _____

OR Holding at gate? _____

Staff Initials _____

Thank you!