

Pure Mendocino 2010 Sponsorship & Ticket Order Form

"The premier organic food and wine adventure in the known world."

A Benefit for the Cancer Resource Centers of Mendocino County

Information: Call 800-449-6483 (toll free) or 707-937-3833

Visit us online at www.puremendocino.org

FIRST STEP: Pick your level

SPONSOR

_____ **Pure Heart Sustaining Circle @ \$2500**, Pure Heart Sustaining Circle sponsorship recognition and a table for eight at the Saturday, August 28 Organic Dinner to be held at Dark Horse Vineyard from 5 to 9pm, 5341 Old River Road, Ukiah. Sustaining Circle Sponsors will be a sponsoring ♥Angel♥ for two organic farmers' attendance at the Pure Mendocino Dinner.

_____ **Pure Heart Sponsor @ \$1250**, Pure Heart sponsorship recognition and a table for eight at the Saturday, August 28 Organic Dinner to be held at Dark Horse Vineyard from 5 to 9pm, 5341 Old River Road, Ukiah.

TICKETS

_____ **Dinner Ticket(s) @ \$135** per person for the Saturday, August 28, Organic Dinner to be held at Dark Horse Vineyard from 5 to 9pm, 5341 Old River Road, Ukiah.

_____ **Dinner Ticket(s) @ \$135** per person to sponsor an organic farmer's attendance

DONATE

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 2, 2010

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? NO _____ YES _____ If so, what year(s) _____

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

Credit Card Number: _____ - _____ - _____ - _____

Expiration Date: ___ / ___ CVV ___ (The CVV is the three digit security code on the back of the credit card)

Card Holder Name: _____ Card Holder Address: _____

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

CALL - Call the Cancer Resource Centers at 800-449-6483 to place your credit card order over the phone.

CRCMC Staff Please Complete This Section:

Ticket Number(s): _____

Date Tickets Mailed or picked-up (circle one): _____

OR Holding at gate? _____

Staff Initials _____

Thank you!