



RSVP by  
February 16

# Ticket Order Form

Sharing our Hearts Luncheon  
"A Step Back in Time"  
Thursday, February 25, 2010

## Regular Seating

\_\_\_ Seats at \$40.00 per person \$ \_\_\_\_\_  
\_\_\_# vegetarian

## Patron level

\_\_\_ **Lil' Darlin'** at \$75 \$ \_\_\_\_\_  
(includes 1 Luncheon ticket;  
\$35 donation) \_\_\_# vegetarian

\_\_\_ **Valentine Patron** at \$300 \$ \_\_\_\_\_  
(includes 4 Luncheon tickets\*;  
\$140 donation) \_\_\_# vegetarian  
\*Indicate guest names on back.

\_\_\_ **Sweetheart Patron** at \$750 \$ \_\_\_\_\_  
(includes 10 Luncheon tickets\*;  
\$350 donation) \_\_\_# vegetarian  
\*Indicate guest names on back.

## Raffle Tickets

(Raffle tickets will be completed for you.  
Need not be present to win. 5 tickets for \$10,  
15 tickets for \$20, 40 tickets for \$40)

\_\_\_ **Hawaiian Vacation** \$ \_\_\_\_\_  
(Must be used on September 18-25, 2010.)

\_\_\_ **Farmhouse Inn Dinner** \$ \_\_\_\_\_

## Donation

\_\_\_ I am unable to attend, accept  
my donation to SCMAAF. \$ \_\_\_\_\_

**TOTAL:** \$ \_\_\_\_\_

## Payment by Check:

Make check payable to **SCMAAF**, a 501(c)3  
non-profit organization, Tax ID # 02-0542304

## Credit Card Payment:

(Also available by phone (707) 538-3448.)

\_\_\_\_\_   
Card Number (MC or VISA)

\_\_\_\_\_   
Expiration Date

\_\_\_\_\_   
CRV code

\_\_\_\_\_   
Signature

## Your Information:

\_\_\_\_\_   
Name

\_\_\_\_\_   
Address

\_\_\_\_\_   
City | State | Zip

\_\_\_\_\_   
Phone

\_\_\_\_\_   
Email (Help us conserve our resources -  
receive your next invitation by email)

Mail completed form to:  
Mrs. Shawn Deolin  
Sharing our Hearts Luncheon  
c/o 1111 Sonoma Ave., Suite 302,  
Santa Rosa, CA 95405