

SONOMA COUNTY MEDICAL ASSOCIATION ALLIANCE FOUNDATION
funding good health in sonoma county



Ticket Order Form

18th Annual Garden Tour
Friday, May 15
Saturday May 16
10 am to 4 pm

GARDEN TOUR 2009 TICKETS

Your ticket is valid both days. Please enjoy each garden only once.

Before April 30 _____ tickets @\$40 each \$ _____
After April 30 _____ tickets @\$45 each \$ _____

Group rates (10 or more) are available until April 30th;
please call 707.578.4537.

LUNCH AT MERITAGE IN SONOMA

*Available 11 am to 2 pm. Seated dining or boxed to go.
Deadline for lunch order is May 8th.*

Friday, May 16 _____ lunches @ \$22 each \$ _____
Saturday, May 17 _____ lunches @ \$22 each \$ _____

ART RAFFLE TICKETS

Donna DeLaBriandais' "Floral Bouquet with Pomegranates"

1 for \$10, 5 for \$40, 10 for \$70 \$ _____

Raffle tickets will be completed for you.

RESTAURANT & WINE RAFFLE TICKETS

1 for \$10, 5 for \$40, 10 for \$70, 15 for \$100 \$ _____

Raffle Tickets will be completed for you.

*I am unable to attend, please accept
my tax-deductible donation to SCMAAF* \$ _____

TOTAL: \$ _____

Please complete and fax this Order Form to (707) 523-4481
or you may send it with your payment to:

**SCMAAF, Attn: Garden Tour,
Post Office Box 1388, Santa Rosa, CA 95402**

PAYMENT INFORMATION

Enclosed is my payment of \$ _____
____ My check payable to SCMAAF is enclosed.
____ Please charge my VISA or Mastercard:

CREDIT CARD PAYMENT:

Card Number (MC or VISA) _____ Exp Date _____
Signature _____ CRV code _____

CONTACT INFORMATION

Name _____
Address _____
City | State | Zip _____
Phone _____ Email Address _____

SEND MY TICKETS TO: (if address is different from above)

Name _____
Address _____
City | State | Zip _____
Phone _____ Email Address _____