



# Special Edition Tour

## Ticket Order Form

Please complete and return this Ticket Order Form to: SCMAAF, Attn: Special Edition Garden Tour  
1708 Casita Court  
Santa Rosa, CA 95409

I would like to purchase \_\_\_\_\_ Special Edition Garden Tour ticket(s) at \$150.00 each.  
 I am unable to attend. Please accept my tax-deductible donation to the Sonoma County Medical Association Alliance Foundation (SCMAAF) Tax ID 02-0542304.

R.s.v.p. by July 21, 2008

### Payment Information

Enclosed is my check payable to SCMAAF       Please charge my MasterCard or Visa (circle one)

\_\_\_\_\_ Card Number

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

\_\_\_\_\_ Signature

\_\_\_\_\_ CRV Code

### Contact Information

\_\_\_\_\_ Name

\_\_\_\_\_ Address

\_\_\_\_\_ City

\_\_\_\_\_ State

\_\_\_\_\_ ZIP

\_\_\_\_\_ Phone Number

\_\_\_\_\_ Email address

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