



Name

Address

Daytime Phone

Sponsorship & Reservations

- WINTER BALL PARTNER - \$2,500**
Seating for ten guests. Half-page ad in the evening's program.
- _____ Tickets at \$200 per person.
- I/We are unable to attend, but would like to contribute \$ _____

*Seating is very limited. A prompt response is suggested.
Kindly respond by February 15th.*



Method of Payment

- Check enclosed (*payable to St. Helena Rotary Foundation*)
- Please charge my: Visa MasterCard American Express
Card Number _____
Expiration Date _____ Security Code _____
Signature _____

Please visit our website for more information: www.rotarywinterball.com or call: (707) 812-4900

Table Seating/ Table Requests

- PARTNER TABLES** (*please provide the names of your guests*)
1. _____
 2. _____
 3. _____
 4. _____
 5. _____
 6. _____
 7. _____
 8. _____
 9. _____
 10. _____

Table Seating Request (*All requests will be honored to the best of our ability.*)

Please may we be seated with: _____

- _____ Number of vegetarian dinners.

*St. Helena Rotary Foundation is a 501(c)(3) organization. Tax Identification # 94-3172763.
Contributions are tax-deductible to the extent provided by law.*

Please FAX your completed ticket request to: (707) 963-4897