

## Pure Mendocino 2014 Ticket & Sponsorship Order Form

### FIRST STEP: Pick your level

#### SPONSOR

- Pure Heart Sustaining Circle Sponsors @ \$2500** will enjoy a reserved table for eight (8), hosted under your name, at the Pure Mendocino Organic Dinner on Saturday, August 23rd. Sustaining Circle Sponsors will sponsor two organic farmers' attendance at the Pure Mendocino Dinner and will be listed as a Sustaining **♥Angel♥** of the Cancer Resource Centers of Mendocino County throughout the year!
- Pure Heart Sponsor @ \$1500** will enjoy a reserved table for ten (10), hosted under your name, at the Pure Mendocino Organic Dinner on Saturday, August 23<sup>rd</sup>, 2014. Limited availability, please order early.
- Pure Heart Sponsor @ \$1250** will enjoy a reserved table for eight (8), hosted under your name, at the Pure Mendocino Organic Dinner on Saturday, August 23<sup>rd</sup>, 2014.

#### INDIVIDUAL TICKETS

\_\_\_\_\_ Dinner Ticket(s) @ \$135 per person for the Saturday, August 23<sup>rd</sup>, Organic Dinner.

\_\_\_\_\_ Sponsor an Organic Farmers' Dinner Ticket(s) @ \$135 per person

#### 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: Reservations are required. We are unable to refund ticket donations for cancellations after August 1, 2014*

### SECOND STEP: Tell us about yourself

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Company: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Guest(s): \_\_\_\_\_

How did you hear about the event? \_\_\_\_\_

### THIRD STEP: Choose your method of payment

**ORDER ONLINE** – [www.puremendocino.org](http://www.puremendocino.org)

**CREDIT CARD** - Fax credit card information to our secure CRCMC fax line: 707-313-0013

Credit Card Type: Visa or MasterCard

Credit Card Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Expiration Date: \_\_\_\_ / \_\_\_\_ CVV \_\_\_\_\_ Card Holder Name: \_\_\_\_\_

**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 707 937-3833 to place your credit card order over the phone.

Ticket Number(s): \_\_\_\_\_