



Child Advocates
OF SILICON VALLEY

Annual Gala

Saturday, March 13, 2010 — 6:00 p.m.
Santa Clara Marriott

www.BeMyAdvocate.org

Individual Ticket/Table Host Reservation Form

Please complete all items.

| | |
|---|--------|
| Name: | Phone: |
| Address: <i>(include city, state, zip)</i> | Email: |

- Please reserve _____ place(s) at \$175 per person. **Please RSVP by March 5, 2010**
- Please reserve _____ table(s) at \$1,750 per table (each table seats 10)
- I would like to host a table and am enclosing payment for _____ place(s) at \$175 per person.
My other guests will RSVP separately.

Request to sit with _____

| Guest Name | Address (include city/state/zip) | Phone or email info | Food preference (chicken, fish or vegetarian) |
|------------|----------------------------------|---------------------|---|
| 1. | | | |
| 2. | | | |
| 3. | | | |
| 4. | | | |
| 5. | | | |
| 6. | | | |
| 7. | | | |
| 8. | | | |
| 9. | | | |
| 10. | | | |

I am unable to attend but am pleased to send my 100% tax deductible contribution of \$ _____

| | |
|---|---|
| Payment Information In the amount of \$ _____ Signature: _____ | <input type="checkbox"/> check (please enclose with this form, made payable to Child Advocates) <input type="checkbox"/> credit card (visa, M/C, Amex accepted) Acct#: _____ Exp: _____ |
|---|---|

| | | |
|--|---|---|
| <p>Please send this completed form to: or send questions or comments to: Child Advocates 509 Valley Way Milpitas, CA 95035 408.416.0406 (fax)</p> | <p>Juliana Schirmer Juliana@cadvocates.org 408.573.5615 www.BeMyAdvocate.org</p> | <p>Child Advocates of Silicon Valley is a non-profit public benefit corporation servicing the children of Santa Clara County.</p> <p>Our Tax ID is 77-0250773. \$100 of the ticket price is tax-deductible. Child Advocates' mission is to provide stability and hope to abused and neglected children by being a powerful voice in their lives.</p> |
|--|---|---|