I would love to support Salida Preforming Arts by

☐ reserving a Friends of Salida Arts Table for Eight
at the Dinner and Live Performance Event on March 27th.
Enclosed is my payment of $5000.
(Preferential seating and Pre-event cocktail hour included)

☐ attending the Dinner and Live Performance Event on March 27th
enclosed is my payment of $_____ (No. of Tickets x $500)
for the purchase of _____ tickets at $500 per person
(No. of Tickets)

Entree choices: _____ Beef (Total No.) _____ Fish (Total No.) _____ Vegetarian (Total No.)

☐ making a tax deductible contribution in the amount of $_____ (Total)

Name : _____

Address : _____

City: _____ **State:** _____ **Zip:** _____

Phone : (Home) _____ **(Cell)** _____

Email : _____

☐ I would like to pay with a credit card. ☐ Visa ☐ MasterCard

ACCOUNT NUMBER ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ EXP. DATE ☐☐ ☐☐ MO/YR