

Cinco de Mayo Fiesta!

- “Si” PLEASE RESERVE _____ TICKETS AT \$100 PER PERSON \$ _____
- I CANNOT ATTEND BUT WISH TO SUPPORT THE CLINIC WITH A DONATION \$ _____
- ENCLOSED IS A CHECK TO LAGUNA BEACH COMMUNITY CLINIC FOR \$ _____
- PLEASE CHARGE MY MASTERCARD VISA AMERICAN EXPRESS \$ _____

Tickets can also be purchased online at www.LBClinic.org

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CREDIT CARD

EXP. DATE SECURITY CODE

NAME

SIGNATURE

ADDRESS

CITY/STATE/ZIP

DAYTIME PHONE

EMAIL

YOUR NAME(S) FOR DONOR RECOGNITION

- I PREFER MY DONATION TO BE ANONYMOUS

~ Respond “Si” BEFORE April 24th, please ~

RSVP CARD CAN BE MAILED, OR FAXED TO 949.494.3154

RESERVATIONS WILL BE HELD AT THE DOOR. FOR MORE INFORMATION, CALL 949.494.0761 EXT. 134

Health is our greatest asset—please help us enrich our community!