

evening of wishes

Make-A-Wish® Orange County and the Inland Empire
October 14, 2016 6:30 PM ♦ [AV] Irvine

RSVPs are kindly requested by October 1
Ticket and Table Purchased based on availability

I wish to purchase _____ ticket(s) at \$250 each:

Name/Company: _____

Contact Name (if different from above): _____

Address: _____ City: _____ Zip: _____

Phone: _____ Email: _____

Enclosed is a check payable to Make-A-Wish Please bill my AMEX, Visa or MasterCard:

Card # _____ Exp. Date _____ / _____ Signature: _____

Guest Details:

- 1) Name: _____ Email: _____ Vegetarian Meal
- 2) Name: _____ Email: _____ Vegetarian Meal
- 3) Name: _____ Email: _____ Vegetarian Meal
- 4) Name: _____ Email: _____ Vegetarian Meal
- 5) Name: _____ Email: _____ Vegetarian Meal
- 6) Name: _____ Email: _____ Vegetarian Meal
- 7) Name: _____ Email: _____ Vegetarian Meal
- 8) Name: _____ Email: _____ Vegetarian Meal
- 9) Name: _____ Email: _____ Vegetarian Meal
- 10) Name: _____ Email: _____ Vegetarian Meal

I will email the names of my guests to Sarah Pizaruso at pizaruso@wishocie.org by October 1.

Please include payment information and return to:

Evening of Wishes
Make-A-Wish® Orange County and the Inland Empire
3230 El Camino Real, Suite 100, Irvine, CA 92602

Email to: pizaruso@wishocie.org
Questions? Contact Sarah at 714-573-WISH (9474) x230