

CURE ALD

Summer Gala

Registration

Name: _____

Company: _____

Address: _____

Phone & Email _____

Sponsor Level

\$2,000 – Bring your own Party (table for 8) _____

QTY Total Amount

\$1,500 – Half Table (tickets for 4) _____

QTY Total Amount

\$500 – ¼ Table (tickets for 2) _____

QTY Total Amount

\$150 - Single Ticket _____

QTY Total Amount

Payment Method: Cure ALD is a non-profit 501(c)3, ID # 83-0446490

Check Credit Card

If paying by credit card, please provide the following:

Name on Card: _____

Card Number: _____ Exp. Date: _____

Billing Address: _____

Signature: _____

Please mail checks to:
Cure ALD
C/O B Z Plumbing Company, Inc.
1901 Aviation Blvd
Lincoln, CA 95648

Questions? Comments?
Please contact Sara at (916) 408-3104
or email at: sara@bzplumbing.com