



An Evening of Promise
Celebrating 28 years of Child Advocacy
Saturday, October 3, 2009, 6 p.m. - 10 p.m.

Veterans Memorial Building
3780 Mt. Diablo Blvd., Lafayette 94549

- Yes – I will attend and wish to purchase _____ ticket(s)
at \$125 per person. Enclosed is \$_____.
- Yes – I will attend and wish to sponsor _____ table(s)
at \$1500 per reserved table of 8. Enclosed is \$_____.
- No – I cannot attend, but wish to make a \$_____
donation to CASA to support the advocacy work you do for children.

Please list guests' names on back.

Make check payable to CASA, or use your credit card.

MC/VISA Number _____

Exp. Date and CCID _____

Name on the card _____

Billing Address _____

City, State, Zip _____

Phone _____

E-mail Address _____

Signature _____

Please RSVP by: September 25, 2009

Tax I.D. # 94-2897531

Phone: 925-256-7284

Note: All donations & sponsorship purchases from CASA are deductible within the limit of the law.

Guests' Names

1.

2.

3.

4.

5.

6.

7.

8.
