

RESERVATION

Name _____

Address _____

PLEASE NOTE: We will be confirming your reservation via email or telephone and need the following information:

Email _____

Message Telephone _____

Your reservation will be held at the door. Tickets will not be sent. **PLEASE RSVP BY JUNE 1, 2008.**

PAYMENT

Enclosed is my check payable to the EAFF

Please charge my: Visa Mastercard

Card # _____

Signature _____

Expiration Date _____

Please return with payment in the enclosed envelope or mail to: P.O. Box 699 • Edmonds, WA 98020

Call 425.778.1888 for more information.

TICKET PREFERENCE

Individual, 6pm entry* _____ @ \$100/PERSON \$ _____

Individual, 7pm entry _____ @ \$60/PERSON \$ _____

Lifetime Patron, 6pm entry* _____ @ \$65/PERSON \$ _____

Lifetime Patron, 7pm entry _____ @ \$25/PERSON \$ _____

**\$25 tax-deductible per ticket*

Please accept my tax-deductible donation to further the arts \$ _____

My employer will match my donation \$ _____
I am enclosing my matching gift form.

Signed limited edition poster _____ @ \$40/POSTER \$ _____

Poster available for pick-up at Preview Event.

To view poster image, visit: WWW.EAFFFOUNDATION.ORG

TOTAL FOR ALL ITEMS \$ _____