



A Season of Lights Event

~A Tree Celebration with Los Niños

Ticket Information Form

(559) 353-7171 FAX (559) 353-7160

eromero@childrenscentralcal.org

Individual Name

Company/Organization: _____

Contact: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: (work) _____ (cell) _____ (fax) _____

** This Event is expected to sell-out at 200 guests – PLEASE reserve your seats early so you don't miss out!*

Individual Tickets: _____ **Tickets @ \$60.00 each = \$** _____

Table for 10: _____ **Table(s) @ \$600.00 each = \$** _____

Total Amount Enclosed: \$ _____

Please charge my: Check enclosed (*Payable to Los Niños Hispanic Guild*)
 Visa MasterCard Amex Discover

Card #: _____ Exp: _____

Signature: _____

Donation Only: I am unable to attend, but enclosed is \$ _____ in support of your effort.

Los Niños Hispanic Guild of Children's Hospital Central California

9300 Valley Children's Place – PC17

Madera, CA 93636

(559) 353-7171 – Elena Romero or FAX form to (559) 353-7160

Non-Profit Federal Tax ID #27-0306685

NOTE: Bronze, Silver and Gold Sponsor Event Packages available. Please call for more information.