

Tickets for the "Roast" of Glendale Fire Chief Gregory Fish

Includes dinner, wine and entertainment



___ Tickets @ \$100 each ___ Table(s) of 12 @ \$1,200 each ___ Tickets @ \$125 after May 1, 2017

I am unable to attend. Please accept my tax deductible donation of \$ _____

PAYMENT

Contact Name: _____

Address: _____

Phone: _____ E-Mail: _____

Total Amount: \$ _____ Payment Type: Amex Visa Mastercard PayPal**

Credit Card Number: _____

Expiration Date: _____ Security Code: _____ Billing Zip Code: _____

Name on Card: _____ Signature: _____

*Make checks payable to: Glendale Youth Alliance

**PayPal please visit www.glendaleyouthalliance.org

RETURN BY APRIL 30, 2017
Please Indicate Your Food Selection Listed Below

CHOICE OF FOOD

Guest Name(s)

1 _____	<input type="checkbox"/> Steak <input type="checkbox"/> Fish <input type="checkbox"/> Vegetarian	7 _____	<input type="checkbox"/> Steak <input type="checkbox"/> Fish <input type="checkbox"/> Vegetarian
2 _____	<input type="checkbox"/> Steak <input type="checkbox"/> Fish <input type="checkbox"/> Vegetarian	8 _____	<input type="checkbox"/> Steak <input type="checkbox"/> Fish <input type="checkbox"/> Vegetarian
3 _____	<input type="checkbox"/> Steak <input type="checkbox"/> Fish <input type="checkbox"/> Vegetarian	9 _____	<input type="checkbox"/> Steak <input type="checkbox"/> Fish <input type="checkbox"/> Vegetarian
4 _____	<input type="checkbox"/> Steak <input type="checkbox"/> Fish <input type="checkbox"/> Vegetarian	10 _____	<input type="checkbox"/> Steak <input type="checkbox"/> Fish <input type="checkbox"/> Vegetarian
5 _____	<input type="checkbox"/> Steak <input type="checkbox"/> Fish <input type="checkbox"/> Vegetarian	11 _____	<input type="checkbox"/> Steak <input type="checkbox"/> Fish <input type="checkbox"/> Vegetarian
6 _____	<input type="checkbox"/> Steak <input type="checkbox"/> Fish <input type="checkbox"/> Vegetarian	12 _____	<input type="checkbox"/> Steak <input type="checkbox"/> Fish <input type="checkbox"/> Vegetarian

SILENT AUCTION DONATION FORM

Description of item or service to be donated: _____

_____ Approximate Value: \$ _____

Please check one:

Donation enclosed Donation to be picked up Donation to be delivered Please create a certificate

Name of Donor: _____ E-Mail: _____

Address: _____ City, State, Zip: _____

Contact Person: _____ Phone: _____

Please remember to send us marketing material that can be used as a display for your donation.

Please send donation by April 30, 2017 to:

Glendale Youth Alliance, Attn: Tina Osborn, 1255 S Central Ave., Glendale CA 91204, Fax: (818) 937-8070

Please contact Tina Osborn at (818) 548-2714 or via e-mail at tosborn@glendaleca.gov for additional information.

Thank you for your generous support of the Glendale Youth Alliance

Your contribution is tax-deductible as permitted by law | Tax ID#95-4453585 | www.glendaleyouthalliance.org