

An August Evening in Saratoga (Rain or Shine)

Monday, August 16, 2010

5:30 to 8:00 p.m.

_____ *I/We plan to attend*

_____ *I/We are unable to attend but wish to make a donation of \$ _____*

Name: _____

Address: _____

City/State/Zip: _____

Email: _____ Phone: _____

Enclosed is my check for \$ _____ for _____ tickets.

Please make checks payable to the Mental Health Foundation, OR please provide us with your credit card information. MasterCard/Visa/AmEx # _____ Security Code _____ Expiration Date: _____

RSVP by August 9, 2010

The Mental Health Foundation is a not-for-profit and has a 501(c)3 designation with the IRS. Therefore, amounts in excess of \$25 per ticket qualify as a charitable contribution.



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