

Aye, 'tis Bonnie *B*rae Burn

Ticket Order Form

I would like:

_____ Tour tickets @ \$25 each\$ _____

_____ Quilt Opportunity Drawing tickets @ \$5 each/6 for \$25\$ _____

_____ Sandwich(es)/Wrap(s) from the Garden Bar @ \$9 each\$ _____

Provided by the Fresh Gourmet in San Marino -\$10, day of the Tour

I am unable to attend, but enclosed is my donation in the amount of\$ _____

Total amount enclosed\$ _____

I am interested in learning more about the Huntington Medical Research Institutes (HMRI).

Please include me on a mailing list to receive future mailings.

Make all checks payable to the **Altadena Guild of HMMH**.

If you wish to use your credit card, please complete the information below.

VISA MasterCard

Name _____

Address _____

Account Number _____ CW No. _____

Expiration date _____ Amount \$ _____

Signature _____

Please complete this form and mail to:

Altadena Guild of Huntington Hospital

c/o Mrs. Carlton Gustafson

1453 E. Loma Alta Drive

Altadena, CA91001

For more information, please call our voicemail:

(626) 304-4678

Your gifts are tax deductible within the limits allowed by the law.