



Champion* _____

Includes valet parking, \$200 casino cash, commemorative photograph, special-edition keepsake and one complimentary raffle ticket.

_____ \$500 per couple (^{\$200 tax deductible})

_____ \$250 per person (^{\$100 tax deductible})

Grand Patron* _____

Includes valet parking, \$150 casino cash and commemorative photograph.

_____ \$350 per couple (^{\$100 tax deductible})

_____ \$175 per person (^{\$50 tax deductible})

Patron _____

Includes valet parking and \$100 casino cash.

_____ \$180 per couple

_____ \$95 per person

**Champion & Grand Patron names will appear in the Wish Upon a Cure® Benefit program.*

Please print how you wish your name(s) to appear:

Name(s) _____

Name(s) _____

Name(s) _____

Name(s) _____

Name(s) _____

My employer will match my tax-deductible gift. The appropriate form is enclosed _____.

I / We are unable to attend. Enclosed is my tax deductible contribution of \$ _____.

(My employer's matching form is enclosed _____)

Please mail reservation form and payment in the enclosed envelope by September 23, 2005.

Tickets will not be mailed.

Payment

Please make checks payable to:

OCCF/David P. Campbell Foundation
22621 Pineridge
Mission Viejo, CA 92692