

Please include the names of all ticket-holders. Thank you!

Name(s) _____

 Mailing Address _____

 Phone _____ Email _____

THURSDAY, APRIL 2

A Time to Remember 6:00 pm, Le Mars Country Club \$ 75.00 x _____ tickets = \$ _____

FRIDAY, APRIL 3

The Winemakers Dinner 6:00 pm, Marina Inn Conference Center \$ 150.00 x _____ tickets = \$ _____
 \$ 1,200.00 x _____ tables = \$ _____

OPTIONAL: Please seat me with the following guests: _____

SATURDAY, APRIL 4

Gala Tasting and Auction 6:00 pm, The Marina Center \$ 50.00 x _____ tickets = \$ _____

TICKET PACKAGES for you and a guest: Join us at more than one event, and save!

Diamond PACKAGE	One table for eight at the Winemakers Dinner • eight Gala Tasting and Auction tickets (a \$1,600 value - save \$100)	\$ 1,500.00 x _____ = \$ _____
Platinum PACKAGE	Two tickets to ALL THREE EVENTS (a \$550 value - save \$50)	\$ 500.00 x _____ = \$ _____
Gold PACKAGE	Two A Time to Remember tickets • Two Winemakers Dinner tickets (a \$450 value - save \$ 30)	\$ 420.00 x _____ = \$ _____
Silver PACKAGE	Two Winemakers Dinner tickets • Two Gala Tasting and Auction tickets (a \$400 value - save \$ 25)	\$ 375.00 x _____ = \$ _____
Bronze PACKAGE	Two A Time to Remember tickets • Two Gala Tasting and Auction tickets (a \$250 value - save \$ 25)	\$ 225.00 x _____ = \$ _____

TOTAL TICKET ORDER \$ _____

_____ I will be unable to attend the Wine and Roses Festival, but I have enclosed a donation.

Please check your preferred method of payment. _____ Check enclosed.

_____ VISA _____ MC Card Number _____
 _____ AmEx Name on card: _____ Exp. Date: _____
 Cardholder's signature _____

PLEASE SEND THIS FORM ALONG WITH YOUR PAYMENT TO

Alzheimer's Association, Big Sioux Chapter • PO Box 3716 • Sioux City, IA 51102-3716

TICKETS WILL NOT BE RESERVED WITHOUT PAYMENT. **THANK YOU FOR YOUR SUPPORT!**