

Name _____

Address _____

Phone _____ E-mail _____

Please Reserve

☐ Platinum Saddle \$10,000

☐ Golden Spurs \$5,000

☐ Silver Horseshoe \$1,200

☐ Bronze Star \$500

☐ I am unable to attend. My tax deductible contribution of \$ _____ is enclosed.

Payment

☐ Check enclosed payable to: *Friends of San Pasqual Academy*

Mail Check to: Friends of San Pasqual Academy, PO Box 8202, Rancho Santa Fe, CA 92067

☐ Visa ☐ Master Card ☐ American Express Amount to be charged \$ _____

Card Number _____ Expiration Date _____
SECURITY CODE

Credit Card Billing Address _____

Signature _____



Reservations will be held at the door.

Please call (858) 759-3298 for additional information.