

CALIFORNIA EQUINE RETIREMENT FOUNDATION, INC.  
34033 Kooden Road, Winchester, CA 92596  
(951) 926-4190

PLEASE RESERVE \_\_\_\_\_ TICKETS AT \$60.00 PER PERSON

I am unable to attend, please find my contribution of \$ \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_

Enclosed is my check # \_\_\_\_\_ for \$ \_\_\_\_\_ (amount).

Please charge my  MasterCard  VISA  American Express  Discover  
as indicated below:

Card # \_\_\_\_\_

Exp. Date: \_\_\_\_\_ Amount: \$ \_\_\_\_\_