

## *Art of Medicine: Auction & Concert*

*I would like to purchase \_\_\_\_\_ tickets @ \$50 each.....\$\_\_\_\_\_*

*Name of Guest(s)\_\_\_\_\_*

*I am unable to attend*

*I would like to make a tax deductible contribution to the  
SSVMSA Community Endowment Fund in the amount of.....\$\_\_\_\_\_*

*Total Enclosed (Please make checks payable to SSVMSA).....\$\_\_\_\_\_*

*I would like to make a payment by credit card. Visa or Mastercard*

*Acct # \_\_\_\_\_ Exp \_\_\_\_\_/\_\_\_\_\_*

*Signature\_\_\_\_\_*

*Name: \_\_\_\_\_ Phone: \_\_\_\_\_*

*Event questions/donations contact Gabriella Neubuerger @ (916) 736-1613 or  
gabby@surewest.net*

*Please RSVP by Friday, April 16*