

Payment Information

Name _____ Company _____

Address _____

City _____ State _____ Zip _____ Phone _____

- I plan to be a Sponsor (Indicate level, guest names & meal package selections on reverse)
- I plan to virtually attend, please reserve _____ seat(s) \$50 each (Indicate meal selection on reverse)
- I plan to virtually attend, no meal package necessary, Please accept my gift of \$ _____ (optional)
- I am unable to attend, please accept my gift of \$ _____

Payment Information

Enclosed is my check payable to Irvine Adult Day Health Services \$ _____

Please charge my credit card in the amount of \$ _____

Payment Method: MC Visa Amex Please add 3% credit service fee (optional)

Card Number: _____ Expiration _____ CVC# _____

Billing Address / Zip Code _____

Online Event Reservations and Sponsorships are available at www.irvineadhs.org
For more information, contact Kimberly Beeson at 949.262.1123 or kbeeson@irvineadhs.org

Proceeds from our Take a Chance for Seniors - A Night Under the Stars support the person-centered programs and supportive services offered at IADHS, a 501(c) (3) non-profit corporation, Tax ID 33-0599371. Contributions are charitable tax deductions within the limits of the law. (The portion of your contribution that is not tax-deductible is \$35 per meal package.)