

Crossing Oceans for Children

Please reserve ____ \$200 seat(s) for a total of \$_____.

Please reserve ____ \$950 table(s) of ten guests for a total of \$_____.

- I would like a corporate or personal full page ad in the event catalog for a total of \$175.
- I would like a corporate or personal ½ page ad in the event catalog for a total of \$95.
- I would like a corporate or personal ¼ page ad in the event catalog for a total of \$60.

Sorry, I cannot attend. Enclosed is my donation of \$_____.

Please fill out the reverse side with your information.



Please respond by November 1, 2007 by fax (206) 801-7475 or mail to:
Vladimir Radmanovic Children's Foundation
551 N 170th Place
Shoreline, WA 98133

Please complete both sides of remittance card.

Name: _____

Address: _____

City, State, Zip: _____

Phone: _____

Payment Type: Check Credit Card

Credit Card #: _____

Expiration Date: _____ Amount to Charge: \$ _____

Signature: _____

Name of Table Captain (if any): _____

My table includes the following people:

1. _____ 6. _____

2. _____ 7. _____

3. _____ 8. _____

4. _____ 9. _____

5. _____ 10. _____

For more information or to find out more information on the Vladimir Radmanovic Children's Foundation, please call Matthew Wade at (206) 227-9387 or e-mail mwade@athletefoundations.com