



Feb. 16, 2013 6 PM—9 PM

R.S.V.P. by February 12, 2013

240 Channing Way, San Rafael, CA 94903 • FAX 415-479-1103 • office@uumarin.org

Name/s _____

Address _____ City _____ Zip _____

☐ Yes, please reserve your tickets! Dinner Options below (children under 17) \$ _____
 _____ adult crab(\$35) _____ children's crab(\$20) _____ veggie pasta(\$15) _____ children's pasta(\$10)

☐ Please reserve a table for eight (8) people at **\$245 per table** \$ _____
(Use back of this card to list your guests)

☐ I'd like to buy raffle tickets—\$3 for one ticket, or \$15 for six tickets—_____ tickets .. \$ _____

☐ Sorry, can't make it, but a contribution is enclosed \$ _____

☐ I/we would like to donate to the Volunteer Ticket Fund..... \$ _____

Total.....\$ _____

☐ Enclosed is a check payable to UUCM ☐ Please charge my Visa/MasterCard/Discover

Account # _____ Exp. Date _____ CVS Code _____

Billing address _____ Zip _____ Signature _____

Use this form only if you are reserving a table for eight

Please specify up to 8 people
you would like seated at your table

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____