

Yes, I'd like to donate to the Great Taste of PG

Name/Business Name _____

Address _____

Phone # Day _____ Night _____

Donation: (Please be as specific as possible)

Conditions: _____

Expiration Date: _____ Estimated Value: \$ _____

If you are offering a service, would you like PG PRIDE to supply a gift certificate?

Yes _____ No _____

Would you like PG PRIDE to make arrangements to have your donated item picked up?

Yes _____ No _____

I would like to be a Great Taste of PG Sponsor:

Platinum(\$250.+) _____ Gold(\$100.+) _____ Silver(\$50.+) _____

(Please make checks payable to PG PRIDE and return prior to March 14, 2011)

Please return to: PG PRIDE
P.O. Box 419
Pacific Grove, CA 93950

If you have any questions, please call 642-4943

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Yes, I'd like to make reservations for the Great Taste of PG

Phone reservations may be made, please call 642-4943

Name: _____ Phone # _____

Address _____

#of persons at \$50. each _____ check enclosed for \$ _____

Please charge my Visa/Mastercard Account # _____

Expiration date _____ Signature _____

(both required for charge purchases)

PG PRIDE Tax ID # 77-0017369