

# Ticket Form

## Mt. Diablo Center for Adult Day Health Care's 43<sup>rd</sup> Annual Crab Feed



Saturday, February 10, 2018  
5:30 PM Cocktails ~ 7:00 PM Dinner  
Pleasant Hill Senior Center  
233 Gregory Lane

Crab ● Music ● Live Auction Silent Auction ● Bar

*Please detached and mail in with payment*

### EVENT TICKETS

**\$65/ticket**

Amount of tickets: \_\_\_\_\_ (# \_\_\_\_\_ Crab Dinners # \_\_\_\_\_ Chicken Dinners)

Name of ticket holders (please list all guests to make for a smooth check-in):  
\_\_\_\_\_  
\_\_\_\_\_

Friends I'd like to sit near (not in my ticket purchase, 8 per table): \_\_\_\_\_

### DRINK TICKETS

Water/Soft Drinks (\$1): \_\_\_\_\_ Beer/Wine (\$5): \_\_\_\_\_ Mixed Drinks (\$7): \_\_\_\_\_ Bottle of Wine (\$20): \_\_\_\_\_

**Pre-paid Drink Total \$:** \_\_\_\_\_

### RAFFLE TICKETS

**\$5/ticket OR Bundle \$20/5 tickets**

Amount of tickets: \_\_\_\_\_ Amount of bundle tickets: \_\_\_\_\_

*We would be honored to receive a donation if you cannot attend.*

### **PAYMENT:**

Email: \_\_\_\_\_

Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Please indicate which method you will be using to pay**

Enclosed is my check payable to Choice in Aging for: \$ \_\_\_\_\_

Charge my:  Visa  MC  AMEX

Card #: \_\_\_\_\_ CVC/CVV Code: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Name of cardholder: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Choice in Aging  
490 Golf Club Road  
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ALL SALES ARE FINAL