

UNIVERSITY OF CALIFORNIA, SANTA CRUZ

Founders Day

Thursday, October 18, 2007

The Cocoanut Grove, Santa Cruz Beach Boardwalk

7:00 P.M. RECEPTION ♦ 7:30 P.M. DINNER

PLEASE PRINT, FILL OUT, AND MAIL IN THIS RESPONSE FORM and form of payment before October 5, 2007. Space is limited.

☐ I/WE WILL ATTEND

M _____

M _____

Telephone number () _____

E-mail address _____

GALA DINNER COST IS \$75 PER PERSON

Enclosed is my check payable to *The UC Santa Cruz Foundation*
for \$ _____ for the gala dinner.

Or please bill my: ☐ Visa ☐ MC ☐ American Express ☐ Discover

Credit Card Number _____

Exp. Date _____ Signature _____

Name on Card _____

Credit Card Billing Address
