



Camp Azure 2012 Benefit Ticket Purchase Form

Name _____

Address _____

City _____ State _____ Zip Code _____

Phone Number _____

Email _____

Ticket Prices:

Adults (age 12 and over) \$20

Children (age 2-11) \$10

Please indicate the type and quantity below.

2:00 p.m. Show: Adult ticket: _____ (x \$20) Child 2-12 ticket: _____ (x \$10)

5:00 p.m. Show: Adult ticket: _____ (x \$20) Child 2-12 ticket: _____ (x \$10)

Enclosed is my check (made payable to San Francisco Parks Alliance) for \$_____

Credit Cards (please note that we need a **complete mailing address** to process a credit card donation):

Please charge this amount to my credit card: \$_____

Visa Mastercard American Express Discover

Card number _____ Expiration _____ CRV code _____ Signature _____

Please return completed form to: San Francisco Parks Alliance, P.O. Box 170160, San Francisco, CA 94117 or fax to 415-703-0889.

For questions contact Maria D'Angelico at 415-621-3260 or maria@sfparksalliance.com.