

## WILL YOU JOIN US? RAIN OR SHINE

Yes, I/We will attend.

Please reserve \_\_\_\_ tickets @ \$25 = \_\_\_\_

I/We cannot attend. Please accept our gift of \$ \_\_\_\_



Please make checks payable to **GROSSMONT COLLEGE FOUNDATION**

Credit Card # \_\_\_\_\_ Expiration Date \_\_\_\_\_

Signature \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

e-mail \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_



**PLEASE REPLY BY MARCH 3, 2008**

For more information, please call 619/644-7109

or e-mail: [grossmont.foundation@gcccd.edu](mailto:grossmont.foundation@gcccd.edu)