

**Twelfth Annual
Rogue Riviera Water Festival and Charity Auction
Saturday, August 2, 2008**

RSVP/Donation Form

Mail/fax this form, along with your check, credit card information and/or donated item description to:
Save A Child's Life Foundation
PO Box 1071
Grants Pass, OR 97528
Fax: 541-474-2123

Name _____	Company _____
Address _____	City, State, Zip _____
Phone _____	Email _____

Yes! I will attend the Eleventh Annual Rogue Riviera Water Festival and Charity Auction!
 Number of tickets @ \$25 each _____
 Yes! I would like to buy a corporate/family table (8 tickets = \$200)
 I am unable to attend, but would like to buy _____ tickets anyway, at \$25 each.
 I am unable to attend, but would like to make a monetary donation of \$ _____

I want the recipient of my ticket/monetary donation to be:

Shriners Children's Hospitals
 Doernbecher Children's Hospital, Portland, OR
 Grants Pass Family YMCA, Grants Pass, OR
 Divide my donation equally between the three organizations

Check enclosed (Payable to **Save A Child's Life Foundation**)
 Charge my _____ VISA _____ MasterCard
 Card # _____
 Expiration Date: _____
 Signature: _____

I am donating an item (Note: **ALL items must arrive no later than July 25, 2008**)
 Please contact me to discuss my donation.

Item _____ Estimated Value \$ _____

Description _____

Send all auction items to Save A Child's Life Foundation, 5001 Lower River Road, Grants Pass, OR 97526
Please make a copy of this form to act as your receipt for tax purposes.