

**Twelfth Basic Skills Luncheon**  
**September 20, 2016 • Fairmont Hotel, San Francisco**

**Yes, I/we would like to make a reservation at the following level:**

 **Platinum Apple** \$ \_\_\_\_\_

*Premier seating; name visually displayed at the event, printed in the program and in the Foundation of CCSF Annual Report. For tables only, membership in the Leadership Circle of CCSF.*  
**please reserve:**

\_\_\_\_\_ **Table (\$10,000 each) and/or** \_\_\_\_\_ **Ticket(s) (\$1,000 each)**

 **Golden Apple** \$ \_\_\_\_\_

*Premium seating; name visually displayed at the event, printed in the program and in the Foundation of CCSF Annual Report. For tables only, membership in the Leadership Circle of CCSF.*  
**please reserve:**

\_\_\_\_\_ **Table (\$5,000 each) and/or** \_\_\_\_\_ **Ticket(s) (\$500 each)**

 **Silver Apple** \$ \_\_\_\_\_

*Preferred seating; name printed in the program and in the Foundation of CCSF Annual Report. For tables only, membership in the Leadership Circle of CCSF.*  
**please reserve:**

\_\_\_\_\_ **Table (\$3,000 each) and/or** \_\_\_\_\_ **Ticket(s) (\$300 each)**

 **Bronze Apple** \$ \_\_\_\_\_

*For tables only, name printed in the program and in the Foundation of CCSF Annual Report.*  
**please reserve:**

\_\_\_\_\_ **Table (\$2,000 each) and/or** \_\_\_\_\_ **Ticket(s) (\$200 each)**

**I am/We are unable to attend and have enclosed a contribution of \$ \_\_\_\_\_**

**Total Amount Contributed: \$ \_\_\_\_\_**

Name: \_\_\_\_\_

Address\*: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Email: \_\_\_\_\_

Name on Program: \_\_\_\_\_

I am enclosing a check payable to: The Foundation of City College of San Francisco

Please charge my:  Visa  MasterCard  American Express

Name on Card: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Account Number: \_\_\_\_\_ CSC\*\*: \_\_\_\_\_

\*Please insert billing address for credit card, if paying with Visa, MC or AMEX.

\*\*Card Security Code 3 digits located on the back of a VISA or MC, 4 digits on front of the AMEX above the credit card number.

Please seat me with: \_\_\_\_\_

Please return your reservation information by **September 6th** to guarantee program acknowledgement.

**Mail to: Foundation of City College, c/o Russell Frost Associates P.O. Box 2879, Alameda, CA 94501**

Reservations are held at the door. For tax purposes the value of goods and services is \$50 per person attending.

Thank you.