



Meals On Wheels West's 8th Annual Fundraising Event

Help us scare up money to feed people who can't get out on their own.

Enjoy casino games, auctions, hors d'oeuvres & dessert.

Raising funds was never this much fun.

Win a prize by entering our Scariest Costume contest...*if you dare!*

**Loews Santa Monica Beach Hotel
1700 Ocean Ave. Santa Monica CA 90401**

**October 30, 2013
7:00pm – 11:00pm**

Sign me up to attend **MEALS ON WHEELS WEST's** Monster Bash!

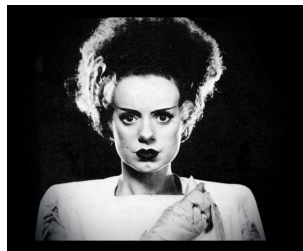
_____ (#) tickets, Total: _____

Ticket prices are \$75.00 per person. Bring a friend and save: \$125.00 for two.

At the door tickets will be \$80.00 and \$135.00

Tax ID 95-4613280

Please see form on back side to register!



MEALS ON WHEELS WEST
Serving Los Angeles County's Coastal Communities

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 At the door tickets will be \$80.00 and \$135.

Sorry I can't join you but here is a donation: \$_____

I want to be a Monster Bash sponsor!

12 Vampires **\$ 3,000**
 Admission for 12: \$1,200 in casino cash, 12 prize tickets; recognition on all printed and electronic media
 Including event signage and full page in event book.

10 Mummys **\$ 2,000**
 Admission for 10: \$1,000 in casino cash, 10 prize tickets; recognition on all printed and electronic
 media and half page in event book.

6 Goblins **\$ 1,000**
 Admission for 6: \$600 in casino cash, 6 prize tickets; recognition at casino table and on all printed and electronic
 media.

4 Zombies **\$ 500**
 Admission for 4: \$400 in casino cash, 4 prize tickets; recognition in event book and on all printed and electronic
 media.

2 Ghosts **\$ 250**
 Admission for 2: \$200 in casino cash, 2 prize tickets and recognition in event book.

Name: _____

E-mail: (mandatory) _____

Address: (optional) _____ City: _____ Zip: _____

Phone: _____ Guest's Name: _____

Credit Card Number: _____ Amount: \$ _____ Exp. Date: _____
 (VISA or MasterCard only)

Date: _____ Signature: _____

I'd love to donate an item for the event's auction: *Please describe item(s).*

Value: \$ _____ Expiration date: *(if applicable)* _____

Restrictions: _____

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