

4<sup>th</sup> Annual  
Sierra Madre Wine & Jazz Walk  
Benefiting  
City of Hope



DATE

NAME

ADDRESS

CITY, ST, ZIP

Dear NAME

I hope you will be able to join me for a great time, in support of a great cause. The 4<sup>th</sup> Annual Sierra Madre Wine & Jazz Walk, benefiting City of Hope, will be held on Saturday, October 3, 2009 from 4 – 7 PM. The merchants of Sierra Madre are once again coming together to host this fantastic event, which supports City of Hope research investigating colorectal cancer, immunotherapeutics and cancer genetics.

As in previous years, individual tickets are only \$35 each in advance (\$40 day of event) and each participant will receive a commemorative wine glass, 10 wine tasting tickets and other fabulous items. Attendees will be able to sample a variety of wonderful wines provided by our presenting sponsor, the Riboli Family Wine Estates and San Antonio Winery. Last year, over 1,100 people attended the event, helping to raise over \$74,000!

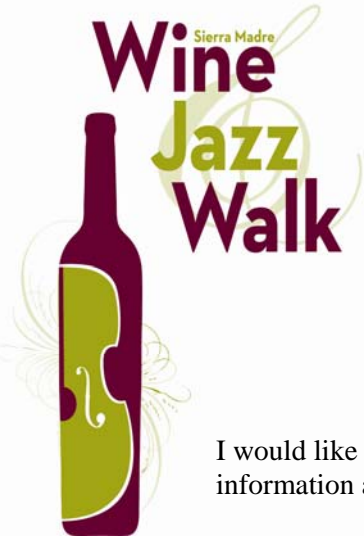
This year's event will also feature the new wine garden, open from 6 PM – 8 PM. For an additional \$20, guests will have access to this private area, which will feature fantastic premium wine and food, along with great live jazz for garden guests only!

I am asking you to join us for this event as a participating business. For your \$100 participation fee, you will be one of only 30 participating businesses, with access to over 1,100 attendees of the event. Space is very limited, so please return the enclosed form immediately to reserve your space.

If you have any questions, please feel free to contact me at \_\_\_\_\_

Thank you for your consideration.

Best regards,



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Sierra Madre Wine & Jazz Walk  
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City of Hope  
*Participant Registration Form*



***Yes! I want to help in the fight against cancer!***

I would like to participate in the Sierra Madre Wine & Jazz Walk! Below, please find my contact information along with my enclosed payment of \$100.

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

Company: \_\_\_\_\_

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

City: \_\_\_\_\_ ST: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Once your form has been received, we will send you a formal agreement for signature, along with the necessary alcohol beverage control license paperwork for completion.

Please return form, along with your \$100 check, payable to **City of Hope**, to:

Sierra Madre Wine & Jazz Walk  
c/o Colleen McKernan  
78 W. Sierra Madre Boulevard  
Sierra Madre, CA 91024

Please call 626-836-2006 or e-mail [colleen@foothillhomecare.net](mailto:colleen@foothillhomecare.net) with any questions.