SalmonAid

Hosting a free 2-day Festival at Jack London Square

Saturday/Sunday, May 31/June1, 2008

Oakland CA

I Want To Help **SalmonAid** At The Following Sponsorship Level:		
❑	$10,000	**Chinook**
❑	$5,000	**Coho**
❑	$2,500	**Sockeye**
❑	$1,000	**Pink**
❑	$500	**Chum**
❑	$_____	**Steelhead**

Payment Information:	
❑	Enclosed is a contribution to further **SalmonAid's** charitable work. $_____
❑	Enclosed is a check payable to **IFR/SalmonAid** in the amount of $ _____
❑	Please charge my ❑ Visa ❑ MasterCard ❑ Amex in the amount of $ _____
	Card # |__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__| Expiration |__|__| / |__|__|
	Name on card: _____
	Signature: _____ Date: _____

Personal / Corporate Information:			
*Primary Contact:			
Company (if applicable):			
*Address:			
*City:	*State:	*Zip:	Email:
*Daytime Phone:	Fax:		Evening Phone:

*Required for Payment Processing

*. Your contribution to **SalmonAid** is tax deductible to the extent permitted by law **(tax ID# 94-3176524).***

*For more information regarding **SalmonAid**, please contact Sara Randall 415-561-5080, extension 222 or email: srandall@ifrfish.org*

Or visit us on the web at http://www.salmonaid.org

Please mail this form with payment to:

SalmonAid, Attention Sara Randall, PO Box 29196., San Francisco, CA 94129

You may also fax this form to (415) 561-5464