



The mission of the San Diego Center for the Blind is to increase the abilities of any adult with blindness or vision impairment to reach their own highest level of independence.

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5922 El Cajon Blvd. San Diego, CA 92115 619-583-1542 1385 Bonair Road Vista, CA 92804 760-758-5956



THE SAN DIEGO CENTER FOR THE BLIND

Net proceeds from this event go to support our vision rehabilitation and low vision programs. Without your donations thousands of individuals, with no vision to those with changing vision, would lose the freedom that comes with living an independent lifestyle.

Please return enclosed RSVP card before Monday, October 1, 2018.

Complimentary self-parking.

Cash, Check, and most major credit cards will be accepted for purchases and donations.

Saturday, October 13, 2018

11:00 a.m.

Reception and

Silent Auction

11:30 a.m.

Welcome and

Lunch Served

12:30 p.m.

Program

1:30 p.m.

Live Auction

2:00 p.m.

Opportunity

Drawing



DoubleTree by Hilton San Diego - Mission Valley 7450 Hazard Center Drive San Diego, California, 92108

LUNCH MENU CHOICES Please provide the NUMBER requested for each menu item BELOW: **Beef Short Ribs** Seared Salmon *Lunch also includes coffee, tea, salad and dessert. Please indicate special dietary needs: (or contact Audrey Walz at 619-583-1542 or awalz@sdcb.org) Other_____ Vegan Gluten Free Vegetarian **GUEST NAMES** (Please print) Please return this RSVP card before Monday, October 1, 2018. ☐ Please reserve _____ tables of 8 at \$560 each. Total \$_____ ☐ Please reserve _____ tickets at \$70 each. Total \$ ☐ Please reserve ____ Table Sign at \$100 each. Total \$_ Your sign(s), with your name on it, will be placed at your table(s). Please provide names for signs below: ☐ I am unable to attend but wish to support the San Diego Center for the Blind with my tax-deductible donation of \$_____. Grand Total \$ Name/Organization: Address: Email: Phone: _____ To pay by credit card: ☐ AMEX ☐ VISA ☐ DISCOVER ☐ MASTER CARD Credit Card Number: Expiration Date: ___/___ Name on the card: _____ 3-digit security code: _____ Signature: _____ Make checks • Please complete and return this response with your payment to: payable to San Diego Center for the Blind San Diego Center 5922 El Cajon Boulevard

San Diego, CA 92115 ATT: WCD 2018

for the Blind.