GEORGELOPEZ FOUNDATION

VENDOR INFO					
Vendor Name:			Phone:		
Address:					
City Name:			State:	Zip Code:	
Contact Name:			Email:		
Select which event(s) y	ou will be participating i	n:			
	Golf Tournament		Golf Din	ner	
	Monday, 4/29/2024 9am		Monday, 4/29/	2024 5pm	
Please describe what	you will be pouring, serv	ing and/or di	stributing at your	activation:	
We'll ship 200 iter	ns for Golfer Swag Bags to:	George Lopez	Foundation 114 Ke	etch Mall, Marina Del Rey, CA 90292	
		200.go _op 02			
PAYMENT INFO					
	(PLEASE	TYPE or PRIN	ΓCLEARLY)		
	complimentary tickets to Any additional people a	0		table, linen and 2 chairs on the	
		ount Due - \$5			
Please make cl	hecks payable to: Georg			to address listed below.	
C	Charge my credit card:	O Visa	O MasterCard	O Amex	
Card Number:			CVC:	Expiration Date:	
Name on Card:			Billing Zip Cod	e:	
Authorized Signature:					

Thank you very much - We look forward to seeing you at the event!

CONTACT LINDA SMALL | EXECUTIVE DIRECTOR | GEORGE LOPEZ FOUNDATION | Tax ID# 27-1434363

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