



Oakdale Sober Grad Night Committee



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209-840-6116 www.ohsgradnight.com Tax Id # 27-1370284

PLEASE BECOME AN OHS SOBER GRAD NIGHT SPONSOR

The Oakdale Sober Grad Night Committee's mission is to provide a **safe, sober** and **fun** graduation night celebration for our graduates. The city of Oakdale has recognized the importance of this event by making a proclamation that the week of March 15 is to be known as **OHS Sober Graduation Awareness Week**. The **Stanislaus County Board of Supervisors, the Stanislaus District Attorney's Office, Senator Cogdill, Congressman Radanovich, OPD Chief West, CHP, Stanislaus Sherriff's Office, Oakdale Joint Union School District Board of Trustees, MADD, Assemblyman Berryhill and Senator Dianne Feinstein** are among those that also recognize the importance of OHS Sober Graduation Awareness Week and Sober Grad Night. In order to have the Sober Grad Night Celebration, we need your help. The committee needs donations of money as well as goods and services for raffle prizes. All donations are tax deductible. Will you join us by becoming a sponsor for this important event? Another important option for you to consider, is to donate a ticket for a senior who needs financial assistance to attend Grad Night. We truly thank you for your help. You can make donations or purchase tickets through our paypal link on the website.

**Sober Grad Night: Friday May 27, 2011
10:00pm-6:00am, Sierra View School
No Admittance after 11:30pm**

Sincerely,

Pamela B & Kathy J, Oakdale Sober Grad Night Committee Chairs

Please return this section with your donation, ticket purchase, or goods/service pledge. Save the top section for your tax records. To make a donation, circle the desired level of participation and mail the check [please do not mail cash] to:

**Oakdale Sober Grad Night Committee
P O Box 333
Oakdale, Ca 95361**

Pony	Mustang	Stallion	Gold	Platinum	Double Platinum
\$50	\$100	\$250	\$500	\$1000	\$2000

_____ Yes, I want to purchase my senior's Grad Night Ticket for **\$50**. Tickets will be \$60 at the Door.
Senior's name: _____

_____ Yes, I would like to donate **\$50** to purchase a ticket for a senior who needs financial assistance to attend Grad Night.

_____ Yes, I would like to donate goods/services for the raffle. Please contact me.

_____ Yes, I would like to volunteer to be on the Board for SGN.

_____ Yes, I would like to help with Grad Night Activities. Please contact me.
Name as you would like it to appear on the Grad Night Program and in The Oakdale Leader and/or contact information.

Name: _____ phone: _____ email: _____

Mailing address: _____ City: _____ State: _____ Zip: _____

**OHS Safe and Sober Grad Night
Celebrate, Create Memories, Save Lives**