

Un Caffe' Italian Bistro
AMBASSADOR CLUB

PARTICIPATION FORM

Yes, I want to be part of the Ambassador Club for Un Caffe' Italian Bistro. I wish to participate as a:

- Gold Member (\$1,000)
- Silver Member (\$500)
- Bronze Member (\$250)

I have enclosed my personal check for _____ in full payment of my selected membership. Or, I have provided my debit/credit card information for charging this amount. Please provide contact information for both payments methods.

Name: _____

Mailing Address: _____

Email Address: _____

Telephone Number: _____

Card Name/Type: _____

Debit/Credit Card Number: _____

Expiration Date & CVS: _____

Please return this Participation Form to Chef Cheri' Rhodes, 9900 Wilbur May Parkway, Unit#1605, Reno, Nevada 89521 or scan and send as an attachment to uncaffereno@gmail.com.