

You are cordially invited to a very special Sacramento Valley Lincoln Club breakfast

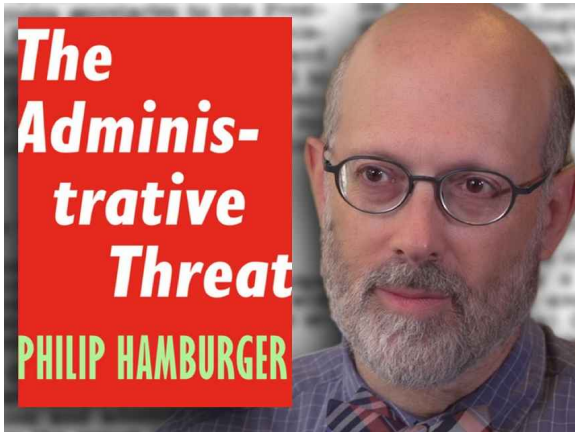


HOWARD JARVIS
TAXPAYERS
FOUNDATION

Sponsors
Howard Jarvis Taxpayers Foundation
&
Pacific Legal Foundation



with Host
Senator Jim Nielsen



featuring keynote speaker
Philip Hamburger, Professor
Columbia Law School
Author of The Administrative Threat

Wednesday, January 24, 2018
7:30 AM

The Sutter Club
1220 9th Street, Sacramento, CA

\$25 ~ Individual

(All guests will receive a copy of Philip Hamburger's important new book 'The Administrative Threat')

See Reply Form for sponsorship and membership opportunities.

Please RSVP no later than Friday, January 19 by calling (916) 520-0177

Please make checks payable to Sacramento Valley Lincoln Club

Or RSVP online at <http://www.SacLincolnClub.com>

Paid for by the Sacramento Valley Lincoln Club ID# 1238552
1127 11th Street, Suite 548, Sacramento, CA 95814

Contributions are not deductible for federal or state income tax purposes.

Sacramento Valley Lincoln Club
Special Breakfast with Professor Philip Hamburger
Wednesday, January 24, 2018 at The Sutter Club

- Yes! I would like to be a 2018 Party Builder Member at \$1000**
(8 Guests for Breakfast & Special Sponsor Recognition)
- Yes! I would like to be a 2018 Executive Member at \$750**
(4 Guests for Breakfast & Special Host Recognition)
- Yes! I would like to be a 2018 Individual Member at \$500**
(2 Guests & Breakfast Co-Host Recognition)
- Please reserve guest(s) at \$25 each**
(All guests will receive a copy of 'The Administrative Threat')
- I/We cannot attend but would like to contribute to SVLC \$**

Please make checks payable to Sacramento Valley Lincoln Club
 1127 11th Street, Suite 548, Sacramento, CA 95814
 Phone: (916) 520-0177 -- Email: SacLincolnClub@Gmail.com

 Signature of Contributor

 Signature of Spouse (joint contribution only)

TO CONTRIBUTE BY PERSONAL CREDIT CARD,
 PLEASE COMPLETE THE FOLLOWING:



 Name on card

 Signature

 Card Number

 Exp. CVC Amount

ALL CONTRIBUTORS MUST COMPLETE THE FOLLOWING INFORMATION*

Please check box if contribution is drawn from a joint credit card or checking account:

Full Name* _____ Spouse Name _____
(if joint contribution)

Employer* _____ Spouse Employer _____
(if joint contribution)

Occupation* _____ Spouse Occupation _____
(if joint contribution)

Address* _____ City, State, Zip* _____

Phone _____ Email _____

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