



~ Pachamama Alliance Donor Offer ~

John Gray's Mars Venus Wellness Retreat Registration Form

Name:(first)_____ (last)_____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (day)_____ (evening)_____

E-mail: _____ Fax: _____

Date of Wellness Retreat: _____

Four-Day Retreat:

Number of reservations: _____ X \$1,000 per person -OR- _____x \$1,500 per couple

Name(s) of additional person(s): _____

Method of payment:

Donation made to The Pachamama Alliance.

Total amount of donation: _____

Date of donation: _____

I understand that I am making a financial donation to The Pachamama Alliance, and that, because of John's generosity, I am eligible to attend John Gray's Wellness Retreat for free in March, April or July of 2010. I am responsible for arrangements and cost of my own air transportation, ground transportation (including to and from airport and hotel) and accommodations. Since this is a donation, there are no refunds.

Signature and date (required): _____

After you make your donation to Pachamama, complete the retreat registration form and send it to Pachamama Alliance Development Director Sara Johnson:

E-mail: sara@pachamama.org

Fax: (415) 561-4521

US mail: The Pachamama Alliance, c/o Sara Johnson, PO Box 29191, San Francisco, CA 94129

The Mars Venus Wellness Retreat will contact your payment is confirmed by The Pachamama Alliance. If you have any questions, please contact **Sara Johnson** at sara@pachamama.org or **(415) 561-4522, ext. 110.**

~ Enjoy! ~