

SHERIDAN VINEYARD

NAME _____

SEx...Club

ADDRESS _____ C | R

Enjoy *Exclusive Access* to the wines of Sheridan Vineyard.

COMPANY or C/O _____

SUITE/APT _____

CITY _____

STATE _____

ZIP _____

Experience the great pleasure of semi-annual shipments delivered *in discretion* to your home or office.

PHONE _____

*get the newest releases...
know about the private events...
become one of the first....*

EMAIL _____

CREDIT CARD (Visa & MC Only) _____ / _____

EXP _____

SEx...Club # _____

SIGNATURE _____