

Help us leave
the world a better place
than we found it.

Our commitment to the betterment of our community through the Great Italian Wine Encounter has allowed us to be a major donor to Calgary Health Trust in support of world-class health care at Foothills Medical Centre.

We are not done. Thanks to your continued support, and the power of great wine to bring people together, we plan to continue making a difference.



Saturday, February 1, 7pm sharp
MERCATO WEST
5000 - 873 85 Street SW, Calgary
Phone: 403-263-6996

We look forward to seeing you there!



Visit our new website, it will provide information on all the wines we represent, and will also serve as an educational tool for those who wish to enhance their enjoyment of fine wine.

vendemmia.ca



119

\$750

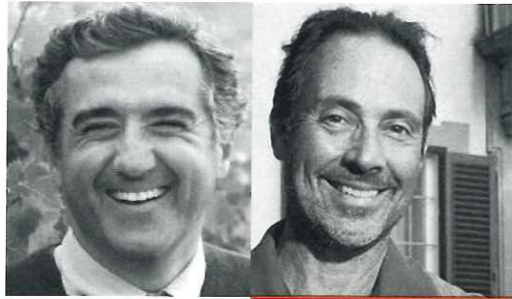
This is your Official Ticket and is required for entrance.

“To Beef or not to Beef”

Saturday, February 1, 7pm sharp

Giovanni Manetti

Fontodi
Toscana



Luca Sanjust

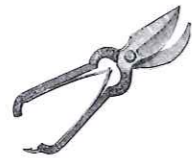
Petrolo
Toscana



**Dario Cecchini, the most famous butcher
in Europe, 3 of Italy's greatest winemakers in
an unforgettable evening of meat and wine.**

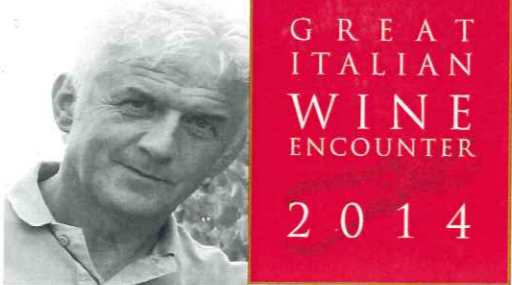
To call him simply a butcher, at this point, would be an enormous understatement. Dario Cecchini illustrates the expertise and passionate philosophy which has been the credo at his family's world famous and long-standing Antica Macelleria Cecchini. He very rarely ever leaves Panzano in Chianti, but when he does; his best friends are customarily along side. Giovanni, Luca and Roberto will share their rare wines with Dario's love for grilling. It promises to be an unforgettable evening.

Saturday February 1, 7pm sharp
Mercato West
5000 - 873 85th Street SW Calgary



Roberto Voerzio

Roberto Voerzio
Piemonte



MAKE A DONATION. Advancing the valuable work at the Apheresis Clinic and the Foothills Medical Centre is made possible by offering a suggested \$1000.00 donation or more (full tax receipt provided by the Calgary Health Trust).

\$1,000 \$2,500 \$ _____

Name: _____

Address: _____

City, Prov, Postal Code: _____

E-mail: _____

VISA MasterCard American Express Cheque

Credit Card Number: _____

Expiration: _____ Secure Code: _____

Signature: _____

Please provide this form to the Calgary Health Trust official attending this event. Tax receipts will be mailed to you. We do not share your information.

