

MFHS 40TH ANNIVERSARY GALA

Please respond before October 31, 2011



Name: _____

Address: _____

____ Please reserve seats at \$140 per person.

____ Sorry, I am unable to attend, but please accept my donation in the amount of \$_____

____ Enclosed in a check made payable to Maternal and Family Health Services in the amount of \$_____

Credit Card Payment:

Visa MasterCard AMEX Discover

Name: _____

Card #: _____

Expires: _____ Security Code: _____

Signature: _____

Phone: _____ Email: _____

For more information, visit www.mfhs.org or call 800-FOR-MFHS.



SPONSORSHIP OPPORTUNITIES AVAILABLE

We would like to support the MFHS 40th Anniversary with a corporate sponsorship!

_____ Platinum Sponsor \$10,000 (includes six tickets)

_____ Gold Sponsor \$7,500 (includes six tickets)

_____ Silver Sponsor \$5,000 (includes six tickets)

_____ \$1,500 (includes two tickets)

_____ \$750

_____ \$500

Please list your company name as you would like it to appear in the event program.

Contact Name: _____

Phone: _____

Address: _____

City: _____ State: _____ Zip: _____



Seating preferences for tables of 8 (*tables of 10 available upon request*)

1. _____ 5. _____

2. _____ 6. _____

3. _____ 7. _____

4. _____ 8. _____