

Jefferson Regional Medical Center Foundation's

CLUB JEFFERSON GALA

Enclosed is my check or MC/VISA information payable to Jefferson Regional Medical Center Foundation in the amount of \$_____ as payment for the following (see reverse):

DINNER TICKETS

- # _____ @ \$150 per guest (list guests on reverse)
_____ \$ 1,500 Table of 10 (list guests on reverse)
_____ \$ 1,200 Table of 8 (list guests on reverse)

SPONSORSHIPS

- _____ \$10,000 Platinum Sponsor
_____ \$ 7,500 Gold Sponsor
_____ \$ 5,000 Silver Sponsor
_____ \$ 2,500 Bronze Sponsor
_____ \$ 1,500 Copper Sponsor
_____ \$ 250 Auction Sponsor

PROGRAM BOOK ADVERTISING

- _____ \$ 400 Full Page Ad – 5" x 8"
_____ \$ 250 Half-Page Ad – 5" x 4"
_____ \$ 150 Quarter-Page Ad – 5" x 2"
_____ \$ 75 Eighth-Page Ad – 2 ½" x 2"

(Please Print)

Name _____

Company _____

Address _____

City _____ State _____ Zip _____

Phone _____

Email _____

MC/VISA # _____ Exp. _____

Signature _____

I cannot attend, but I am enclosing a tax-deductible contribution to Jefferson Regional Medical Center Foundation.

DINNER GUESTS

List the guests with whom you prefer to be seated:

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

8. _____

9. _____

10. _____

Sponsors and Advertisers: Please return this form and ad artwork by December 31. For additional information, call: 412-267-6024, fax: 412-267-6242, email: deborah.machi@jeffersonregional.com