



MAN O'WAR GALA



RSVP

The favor of a reply is requested by April 12, 2013

Name: _____

Address: _____

Phone Number: _____

Email: _____

Please indicate your level of support by completing this reply card.

I am unable to attend, but please accept my donation of \$_____ to the Associated Auxiliaries of Riddle Hospital

Enclosed is a check payable to Riddle Hospital Man O' War Gala

Charge my credit card \$_____

Visa MasterCard AMEX Discover

_____ Table for Ten at \$2,350

Table sponsors will receive recognition in the Tribute Book

_____ Ticket(s) at \$225 each

Card # _____ Exp. Date _____

Signature _____

For Sponsor and Tribute Book reservations and information, please contact 484.227.3504

Visit our website: www.mainlinehealth.org/riddlegiving



Special Dietary Preferences

Please indicate number of meals required

_____ Vegetarian _____ Gluten Free Other _____

Kindly list below the names of those with whom you wish to be seated.

Tables of ten (10)

The cost of this evening's affair provided by the
Associated Auxiliaries of Riddle Hospital is \$150.00 per person.

The tax deductible portion is \$75.00 per person.