

Name _____

Address _____

City/State/Zip _____

Email _____

Phone (OPTIONAL) _____

Yes! I will attend the Gala on May 9

I would like _____ tickets at \$50 pre-paid/\$55 at the door \$ _____

I would like to purchase a table for 8 at \$360 \$ _____

(\$45 per person and pre-paid – Please list your guests on the back of this card)

I regret I cannot attend the event, but would like to make a tax-deductible donation in the amount of: \$ _____

TOTAL \$ _____

Your reply is requested by April 30, 2015

Enclosed in a check made payable to **Pioneers Healthcare Foundation**

I prefer to pay via credit card: MC Visa AMEX

Cardholder Name: _____

Credit Card #: _____

Exp. Date: ___ / ___ Signature: _____

Names of Guests for my table:

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

8. _____

