



St. Vincent's EAST FOUNDATION

GALA 2010 Reservation Form May 14, 2010

Name _____ Phone _____

Address _____

City _____ Zip _____

<u>Sponsorship</u>		<u>Amount</u>	
Sponsor Table	Seats 8	\$5,000	\$ _____
Benefactor Table	Seats 8	\$2,000	\$ _____
Patron Table	Seats 8	\$1,250	\$ _____
Individual tickets		\$125	\$ _____

Please make your payment selection below:

____ I hereby authorize my employer to contribute TOP \$ or Exec Time Off (whichever is applicable) equal to \$_____ (after taxes).

____ Enclosed is my check for \$_____ made payable to St. Vincent's East Foundation.

____ I wish to pay \$_____ by credit card with the following credit card:

____ American Express ____ Mastercard ____ Visa

Card # _____ Expiration _____

Name as it appears on credit card _____

Employee Signature _____ Date _____

Under IRS guidelines, the estimated fair market value of this event is \$35 per ticket. Therefore, the tax-deductible contribution is \$4,720 for Sponsor Tables, \$1,720 for Benefactor Tables, \$970 for Patron Tables and \$90 for each individual ticket.

You may fax your completed reservation form to 838-3515 or mail to the address below.

For more information call (205) 838-3967.