



100 Years of Caring

Eighteenth Annual Gala – February 7, 2009

Yes, I am pleased to be a Table Host for Saint Mary's Gala 2009 and understand I will receive an invitation in the mail.

*(*If available, please list names and addresses of guests on the bottom of this form so they receive an invitation. Being a Table Host requires filling a table of ten for \$2,000)*

No, I do not wish to be a Table Host this year but would like to attend the Gala and understand that I will receive an invitation in the mail.

No, I do not wish to be a Table Host this year, but would like to make a contribution to the Gala 2008 in the amount of \$_____.

(Mr./Mrs./Ms.)

Name

(Please print your name as you wish to see it printed in Gala material)

Phone

E-Mail:(home) (bus)

Corporation Name *(Only if you would like to include it in Gala material)*

Corporation Name

Street Address

City, State & Zip

Guest Names

Street Address

City, State & Zip

Please return this form by January 23, 2009

Saint Mary's Hospital Foundation

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