



# 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.**