

wonders beneath the *Sea*

2018 CHARITY BALL

I (We) Will Attend the Charity Ball as:

- Table Sponsor** 8 Seats, Program Listing \$1,800
 Individual Attendee \$200

Number of Attendees: _____ @ \$200 = \$ _____ .

Please list guest names on the back of this response card.
The tax-deductible portion for each attendee is \$100.00.

I (We) would like to support the Charity Ball as:

- Platinum Investor** Event Recognition, 1/2 Page Program Ad \$1,000
 Gold Investor Event Recognition, 1/4 Page Program Ad \$500
 Silver Investor Event Recognition \$250
 Bronze Investor Event Recognition \$100
 Other \$ _____

Name to be listed as _____

- My check is enclosed made payable to: **Penn State**
Please note in the memo line: **PSHSJ Charity Ball**
Please mail to: **Penn State Health St. Joseph Development Office, Charity Ball**
P.O. Box 316, Reading, PA 19603-0316

- To pay online, please visit www.StJoesCharityBall.org

- Visa MasterCard Discover

(Please Print)

Name on Card _____

Card Number _____

Exp. Date _____ Security Code _____ Zip Code _____

Signature _____

RSVP by October 26, 2018 – Seating is limited.

Please Make the Reservation in the Name of...

(Please Print)

Name _____

Address _____

Phone _____ E-mail _____

RSVP by October 26, 2018

Tables Seat 8-10 Guests

Please list all the guests in your party.

Name of Guest

E-mail for Charity Ball Updates

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Number of Vegetarian Meals _____ Gluten Free Meals _____

**For information, please call the Penn State Health St. Joseph
Development office 610-378-2477.**

If you do not wish to receive Penn State Health St. Joseph fundraising requests, call 610-378-2477 or email giving@thefutureofhealthcare.org and provide your full name and address.