

# 18<sup>th</sup> Annual Spring Luncheon

## "Our Fair Ladies"

Thursday, March 26, 2015

10:30 a.m. – 3:00 p.m.

Sherwood Country Club

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Please reserve \_\_\_\_\_ place(s) at \$125 per person. Total \$ \_\_\_\_\_  
(price includes one year 100 Club membership)

I wish to be seated

with \_\_\_\_\_

I wish to host a table of 10 people for \$1,250 \_\_\_\_\_

(List names of table guests below)

I wish to host a Sister(s) with an \$80 donation per Sister for \$ \_\_\_\_\_

I cannot attend, enclosed is \$100 for my one year 100 Club membership \$ \_\_\_\_\_

I cannot attend, but would like to Sponsor the luncheon at the following level  
\_\_\_\_ \$150.00 \_\_\_\_ \$250.00 \_\_\_\_ \$500.00

I cannot attend, but wish to donate to the Hospital. Total \$ \_\_\_\_\_

### TABLE GUESTS

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Make Checks Payable to Mary Health or pay by Credit Card

MasterCard o Visa (circle one)

Card # \_\_\_\_\_ Exp. \_\_\_\_\_

Date \_\_\_\_\_ Security Code: \_\_\_\_\_

Cardholder's

Signature \_\_\_\_\_ Total

\$ \_\_\_\_\_

A portion of the proceeds are tax deductible.

**Reservations Required by Friday, March 20, 2015.**

