

9th Annual Care & Compassion Gala

Tribute Donation Opportunity for Quality Care

My check is enclosed, made payable to **Mary Health of the Sick**.

Please charge my credit card: VISA MasterCard AmEx

Card #: _____ Exp: _____ CVC#: _____

Signature: _____ Phone#: (____) _____

Name on Card: _____

Email: _____

Give your individual, family or corporate name for Tribute listing: _____

_____ or _____
In Honor of *In Memory of*



2929 Theresa Drive, Newbury Park, CA 91320
805.498.3644 | www.MaryHealth.com | development@maryhealth.com

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Tribute Donation Opportunity for Quality Care

When you give a Tribute Donation, make your gift
In Honor of or *In Memory of* a loved one, friend or colleague.

Your Tribute Donation will be recognized in the Gala Program and Digital Journal.

- Q** with a donation of \$1,000
- U** with a donation of \$750
- A** with a donation of \$500
- L** with a donation of \$250
- I** with a donation of \$100
- T** with a donation of \$50
- Y** with a donation of your preference \$ _____

To participate, please complete the form on back side
and return in the enclosed envelope.

All donations are tax deductible.

Thank you!