

RSVP by April 20, 2009

NAME (PLEASE PRINT) _____

ADDRESS _____

CITY _____

STATE _____

ZIP _____

PHONE _____

EMAIL _____

I/we would like to reserve for
May 2, 2009 as follows:

- American Express
 Mastercard Visa

_____ Guest tickets at \$50 each
(*\$35 deductible*) \$ _____

Card# _____

Exp Date ____ / ____

_____ Patron tickets at \$250 each
(*\$165 deductible*) \$ _____

Name as it appears on card:

_____ Benefactor tickets at \$500 each
(*\$415 deductible*) \$ _____

Signature:

Total amount \$ _____

I am unable to attend, but please
accept my donation of \$ _____

Date _____

Check made payable to HSPCPC

(*tickets mailed under separate cover*)