

RSVP – Save a Heart Celebration of Wine and Food Friday, November 13, 2009

Please respond by November 6, 2009 (check one of the following):

___ Yes, I will be attending and I will have ___# in my party at \$60 per person
(Tax-deductible amount: \$30 each)
*Note: Tickets will cost \$75/person at the door..... \$ _____

___ I would like to participate as an event sponsor in the following way:
___ Platinum \$500.00 – includes 6 event tickets and tax deductible amount of \$320..... \$ _____
___ Gold \$350.00 – includes 4 event tickets and tax deductible amount of \$230..... \$ _____
___ Silver \$250.00 – includes 2 event tickets and tax deductible amount of \$190..... \$ _____
___ Copper \$100.00 – includes 1 event ticket and tax deductible amount of \$70..... \$ _____

Event Sponsors will receive recognition in event program

___ I am unable to attend but wish to contribute..... \$ _____

Payment Information

Bill my Visa/MC/AmEx/Discover (circle one):
Card # _____ Exp. Date: _____
Signature: _____

Check enclosed made payable to "Save A Heart"

Payroll Deduction for UMHS Employees:
Employee ID #: _____
Deduction of: \$ _____ per month Number of months _____ (5 month maximum)
Beginning Month _____ Year _____ (\$.50 charge/month)
Signature _____

Personal Information

Name (please print): _____
Street address/apartment #: _____
City: _____ State: _____ Zip: _____
Email: _____ Phone: () _____

Please send this form to:
Save a Heart
C.S. Mott Children's Hospital
University of Michigan Health System
300 N. Ingalls, Room NI4D06
Ann Arbor, MI 48109-5475

Questions? Please contact Marilyn Hawkins at samh@umich.edu or 734-936-9134.