



# Save a Heart Celebration of Wine and Food

## Friday, November 12, 2010



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

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)  
 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  
 Secure Fax: 734-936-0151

**Tickets ordered after November 5<sup>th</sup> will be available at Will Call**

Questions? Please contact Stephanie Cloutier at [slclout@umich.edu](mailto:slclout@umich.edu) or 734-936-9134.