

Christmas Tree Fantasy Events
November 20, 21, 22, 2009
Response Card – Due Monday, Nov. 9, 2009

Masquerade

Bringing the music of the night to life!

Name

Address

Phone

Late Afternoon Reflections of Style Show, Champagne & High Tea

November 20, 2009 (\$40 per person)

I would like to reserve a table of 8 and am enclosing \$320.

I would like to reserve _____ tickets and am enclosing \$ _____

**Please make checks payable to “Mercy Medical Center Guild Redding”
and see other payment options on reverse side of card.**

Please list guest name(s)

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

8. _____

9. _____

10. _____

Masquerade Gala November 21, 2009 (\$75 per person)

I would like to sponsor a table and have made the following choice:

- A. Sponsor - \$1,250 for table of 10 – 4 Available!
- B. Sponsor - \$1,000 for table of 8
- C. Sponsor - \$800 for table of 8
- D. Table(s) for 8 at \$600
- E. I would like to reserve _____ tickets. I am enclosing \$ _____

Please make checks payable to “Mercy Medical Center Guild Redding”

and see other payment options listed below.

Please list guest name(s) and Menu Entrée selections

Guest List & Menu Entrée Choice(s)

Guest Name – Please Print

Entrée Selection – Circle One

1.	Filet/Lobster	or	Vegetarian
2.	Filet/Lobster	or	Vegetarian
3.	Filet/Lobster	or	Vegetarian
4.	Filet/Lobster	or	Vegetarian
5.	Filet/Lobster	or	Vegetarian
6.	Filet/Lobster	or	Vegetarian
7.	Filet/Lobster	or	Vegetarian
8.	Filet/Lobster	or	Vegetarian
9.	Filet/Lobster	or	Vegetarian
10.	Filet/Lobster	or	Vegetarian

Gift

I am unable to attend but have enclosed a gift in the amount of \$ _____

Payment Options

Check* or Credit Card

* Please make checks payable to “Mercy Medical Center Guild Redding”

Please bill my credit card: Visa MasterCard Discover

Account # _____ Expiration Date _____

Name on Card _____

Signature _____

Event proceeds will benefit the patient services delivered at Mercy Medical Center Redding.