



10th Anniversary Celebration of Hope & Progress

National Building Museum • Saturday, October 30, 2010

Ticket Reservation Form

Name _____
(Print name as it should appear on event-related materials)

Phone _____ Email _____

Levels of Support

Benefactor \$50,000

- 20 tickets with premium seating, or
16 tickets + 4 assigned guests of distinction
- 20 invitations to Gala Kick-Off
- 10 invitations to post-gala reception

Patron \$25,000

- 10 tickets with preferred seating or
8 tickets + 2 assigned guests of distinction
- Ten Invitations to Gala Kick-Off
- 6 invitations to post-gala reception

Supporter \$10,000

- 4 tickets with preferred seating
- 4 invitations to Gala Kick-Off
- 2 invitations to post-gala reception

Sustainer \$5,000

- 2 tickets with preferred seating
- 2 invitations to the Gala Kick-Off

Associate \$2,500

- 2 tickets
- 2 invitations to the Gala Kick-Off

Guest \$500

- 1 ticket
- 1 invitation to Gala Kick-Off

For tax purposes, the non-deductible amount per ticket is \$185.

How many tickets will you be using? _____ We **will not** be using our tickets. _____

Please consider supporting this milestone occasion even if you are unable to attend the gala by making a contribution, or adding to the **Wishing Well**.

Payment Information

Enclosed is a check.

I/We pledge our support and will send payment on _____
(Date)

Please charge \$ _____ to Visa MasterCard American Express

Card number _____ Expiration date _____

Address _____

Print cardholder name _____

Signature _____ Date _____

Please make checks payable to **Sibley Memorial Hospital Foundation** and return, with this form
Sibley Memorial Hospital Foundation • 5255 Loughboro Road NW • Washington DC 20016.

Thank you for supporting Sibley's cancer programs and services.