

59th ANNUAL SUMMER PARTY

AUGUST 5, 2017

CIRCLE MEMBER

We will join the *Chairman's Council* for \$100,000
You will receive One Table (10 tickets)

- | | |
|---|---|
| <input type="checkbox"/> We will join the <i>Yellow Diamond Circle</i> for \$75,000 | You receive One <i>Diamond Priority</i> Table (10 tickets) |
| <input type="checkbox"/> We will join the <i>Diamond Circle</i> for \$50,000 | You receive One <i>Diamond</i> Table (10 tickets) |
| <input type="checkbox"/> We will join the <i>Platinum Circle</i> for \$25,000 | You receive One <i>Platinum</i> Table (10 tickets) |
| <input type="checkbox"/> We will join the <i>18 Karat Gold Circle</i> for \$18,000 | You receive One <i>18 K Gold Priority</i> Table (8 tickets) |
| <input type="checkbox"/> We will join the <i>White Gold Circle</i> for \$15,000 | You receive One <i>Gold Priority</i> Table (8 tickets) |
| <input type="checkbox"/> We will join the <i>Gold Circle</i> for \$10,000 | You receive One <i>Priority</i> Table (8 tickets) |
| <input type="checkbox"/> We will join the <i>Silver Circle</i> for \$7,500 | You receive One <i>Preferred</i> Table (8 tickets) |
| <input type="checkbox"/> We will join the <i>Contributor Circle</i> for \$2,000 | You receive Two Event Tickets |

____ Tickets at \$500 each for a total of _____

Payment Information

- Check enclosed Pledge (check to follow)

PLEASE MAKE CHECKS PAYABLE TO SOUTHAMPTON HOSPITAL FOUNDATION

- MasterCard VISA American Express

NAME ON CARD _____ SIGNATURE _____

CARD # _____ EXP. DATE _____ CVV# _____

Contact Information

NAME _____

I/ WE WOULD LIKE TO BE LISTED AS _____ IN ALL PRINTED MATERIALS

ADDRESS _____

CITY/STATE/ZIP _____

TELEPHONE: HOME _____ ALTERNATE _____

E-MAIL _____ FAX _____

PLEASE RETURN YOUR RESPONSE PROMPTLY TO:

Southampton Hospital Foundation, 240 Meeting House Lane, Southampton, NY 11968

Fax: 631-287-2141

QUESTIONS? Phone 631-726-8700 x 3 or email: klucas@southamptonhospital.org

