

**PETERSON REGIONAL MEDICAL CENTER FOUNDATION
LEGACY GALA 2012/March 29 & 31, 2012
RESERVATIONS/REPLY FORM**

___ **Yes, I (We) want to SUPPORT the LEGACY GALA and raise financial resources to support Peterson Regional Medical Center. Please count me (us) in at the following level:**

- | | | | |
|------------------------|---------------------|--------------------|------------------------------|
| ___ Diamond | ___ table(s) of ten | @ \$25,000 each or | ___ ticket(s) @ \$2,500 each |
| ___ Platinum | ___ table(s) of ten | @ \$15,000 each or | ___ ticket(s) @ \$1,500 each |
| ___ Gold | ___ table(s) of ten | @ \$10,000 each or | ___ ticket(s) @ \$1,000 each |
| ___ Silver | ___ table(s) of ten | @ \$5,000 each or | ___ ticket(s) @ \$500 each |
| ___ Bronze | ___ table(s) of ten | @ \$2,500 each or | ___ ticket(s) @ \$250 each |
| ___ Individual Tickets | | | ___ ticket(s) @ \$150 each |

___ **Yes, I (We) want to attend the Cooking School (tickets limited to first 300 reservations):**

- ___ Reserved seating tickets @ \$150 each (tables seat 10)
 ___ General admission tickets @ \$100 each (open seating)

___ **I (We) are unable to attend the event, but please accept my (our) contribution:**

- | | |
|-------------------------|------------------------------|
| ___ Diamond (\$25,000) | ___ Donor (\$1,000) |
| ___ Platinum (\$15,000) | ___ Builder (\$750) |
| ___ Gold (\$10,000) | ___ Friend (\$500) |
| ___ Silver (\$5,000) | ___ Contributor (\$250) |
| ___ Bronze (\$2,500) | ___ Other donations \$ _____ |

Please designate my/our gift as follows:

___ **Health Care Education and Scholarships** ___ **Unrestricted**

Total Due \$ _____ **Check Enclosed \$** _____ **Balance Due \$** _____

Payment Method: ___ **Bill me/us** ___ ***Check** ___ **Cash** ___ **Credit Card**

*PLEASE MAKE CHECKS PAYABLE TO: PETERSON REGIONAL MEDICAL CENTER FOUNDATION

___ **MasterCard** ___ **Visa** Card # _____ **Exp. date** _____
 ___ **Discover** ___ **American Express** 3 or 4 digit security code _____

I (we) authorize the financial commitments as outlined above:

Signature _____ **Date:** _____

CONTACT NAME: _____

BUSINESS TITLE: _____

BUSINESS: _____

ADDRESS: _____

CITY: _____ **STATE** _____ **ZIP** _____ **PHONE** _____

HOW NAME/BUSINESS LISTING SHOULD APPEAR IN PUBLICITY/RECOGNITION:

RSVP Deadline is March 16, 2012. *In order to guarantee inclusion in sponsorship recognition, financial commitments (signed pledge form) must be completed by **February 29, 2012.***

As required by IRS code, Section 6115, the charitable deduction for tickets purchased is limited to the amount of the ticket in excess of the value of the goods and services provided for the event.

Please mail to:
Peterson Regional Medical Center Foundation
551 Hill Country Drive/Kerrville, TX 78028
For more information, call the Foundation at 830/258-7411
or fax information to: 830-258-7833