

PETERSON REGIONAL MEDICAL CENTER FOUNDATION  
LEGACY GALA 2012  
REPLY FORM FOR COMMITTEE SELECTIONS

\_\_\_\_\_ ***Yes, I (We) plan to serve on the 2012 Planning Committee.  
My (our) committee selections are indicated below.***

\_\_\_\_\_ ***No, I (We) are unable to serve on the 2012 Planning Committee.***

We are asking that you serve on **ONE** committee for the LEGACY GALA. Please indicate your top three choices (1, 2 and 3) for committees you would be willing to serve on in 2011-2012:

- |                               |                                   |
|-------------------------------|-----------------------------------|
| _____ Auction/Chance Drawing  | _____ Legacy Gala Store           |
| _____ Cooking School          | _____ Publicity/Advertising       |
| _____ Chef Relations          | _____ Resource/Volunteers         |
| _____ Decorations             | _____ Site Coordination/Logistics |
| _____ Entertainment           | _____ Sponsorship                 |
| _____ Food/Menu/Beverages     | _____ VIP Reception               |
| _____ Invitation/Reservations |                                   |

\_\_\_\_\_ ***Yes, I (We) be willing to serve as a CHAIR of a subcommittee.***

**Your Name:** \_\_\_\_\_

Please indicate your preferred mailing address for information relating to the committee work and a contact phone number:

Address: \_\_\_\_\_

City/Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Bus/Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

**PLEASE RETURN to:**  
**Development Office**  
**Peterson Regional Medical Center**  
**551 Hill Country Drive/Kerrville, TX 78028**  
**or CALL 830-258-7411/FAX 830-258-7833**