

**PETERSON REGIONAL MEDICAL CENTER FOUNDATION
LEGACY GALA 2009/November 12 & 14, 2009
RESERVATIONS/REPLY FORM**

___ **Yes, I (We) want to be a SPONSOR for the LEGACY GALA to raise financial resources to support the Peterson Regional Ambulatory Care Center in providing outpatient healthcare to all in the Texas Hill Country. Please count me (us) in at the following level:**

- | | | | |
|------------------------|---------------------|--------------------|------------------------------|
| ___ Anniversary | ___ 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 | | | ___ ticket(s) @ \$250 each |
| ___ Individual Tickets | | | ___ ticket(s) @ \$125 each |

___ **Yes, I (We) want to attend the Cooking School (tickets limited to first 250 reservations):**

___ tickets @ \$75 each

___ **Yes, I (We) want to purchase Chef Tim Love's new Cookbook:**

___ cookbooks @ \$100 each

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

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

Please designate my/our gift as follows for the Peterson Ambulatory Care Center:

- | | |
|-------------------------------------|----------------------------------|
| ___ Rehabilitation Therapy Services | ___ Imaging Services |
| ___ Surgical Services | ___ Undesignated (Greatest Need) |

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

Payment Method: ___ Bill me/us ___ *Check ___ Cash ___ Payroll deduction (see back)

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

___ MasterCard ___ Visa Card # _____ Exp. date _____

Signature _____

CONTACT NAME: _____

BUSINESS TITLE: _____

BUSINESS: _____

ADDRESS: _____

CITY: _____ STATE _____ ZIP _____ PHONE _____

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

RSVP Deadline is November 2, 2009. In order to guarantee inclusion in all advance sponsorship recognition, all financial commitments (checks received and/or billing arrangements) must be completed by **September 30, 2009.**

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 return in enclosed postage-paid envelope or mail to:
Peterson Regional Medical Center Foundation
551 Hill Country Drive/Kerrville, TX 78028**

For more information, call the Foundation at 830/258-7411