

Please mark your choice

TABLE SPONSORSHIPS

MS AWARDS SPONSOR	\$35,000
DINNER SPONSOR Two Tables of 10, Recognition at the Dinner and Journal Inside Front Cover Ad	.\$25,000
COCKTAIL HOUR SPONSOR	.\$20,000 Ad
CORPORATE SPONSOR	. \$15,000
JOURNAL SPONSOR	. \$10,000
PARTNER SPONSOR	\$7,500
BENEFACTOR	\$5,000
FRIEND	\$2,500
TABLE OF TEN	\$2,500
INDIVIDUAL TICKET	\$250
PHYSICIAN AND STAFF TICKET	\$200



I will attend the MS Awards Dinner and have enclosed \$250 for each guest. (Please print all names on back)

Number of Guests		I will be a Table Sponsor. (Please see enclosure)			
Number of Kosher Meals		I will place an ad in the Ad Journal. (Please see enclosure)			
I'm <i>unable</i> to attend but I've	e enclosed a	a donation in honor of: _			
TOTAL AMOUNT ENCLOSED S	\$				
Name/Company:					
Billing Address:					
City:		State:	Zip:		
Email:		Cell Phone Number:			
Check enclosed (payable	to Holy Nam	ne Foundation)			
Please charge my:	Visa	MasterCard	American Express	Discover	
Card Number:		Exp. Date:	Sec. Code:	Sec. Code:	
Cardholder (if different from above):					
Billing Address (if different from above	e):				

Please seat me with the following people. My guest information is:

Name	Cell	
Name	Cell	

For further information, please contact the Holy Name Foundation at Foundation@holyname.org or 201-833-3187.