

COMMONWEALTH HEALTH FOUNDATION

The 5th Annual Charity Ball

SATURDAY, NOVEMBER 14, 2009

THE SLOAN CONVENTION CENTER

REPLY FORM

Please indicate your level of sponsorship:

_____ Platinum Sponsor (\$25,000)

_____ Gold Sponsor (\$10,000)

_____ Diamond Sponsor (\$5,000)

_____ Emerald Sponsor (\$3,000)

_____ Patron Sponsor (\$1,000)

Name/Organization: _____
(Please print your name as you want it to appear on event materials.)

Contact: _____

Address: _____

City, State, Zip: _____

Phone: _____

Email: _____

Deadline to be included on invitation: August 21, 2009

Check enclosed Please send a reminder for payment

(Payment is due before the event)

Please make check payable to:

Commonwealth Health Foundation

800 Park Street • P.O. Box 1868

Bowling Green, KY 42102-1868

(270) 796-6519

(866) 303-5543

Fax: (270) 745-1518

www.CommonwealthHealthFoundation.org

