



CAPE FEAR VALLEY HEALTH FOUNDATION

Cape Fear Valley Health Gala

Circle of Friends

Friday, January 22, 2010 • 7:00 PM

Highland Country Club

Attire: Formal

Yes, I (we) plan to attend. Enclosed is a check or credit card information.

Although we cannot attend enclosed is a contribution.

Number of persons attending: _____ x \$150 per person = \$ _____ Total

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

Personal Check Cash Credit Card Type _____

Card Number _____

Exp. Date _____ 3-Digit Security Code _____

Tickets will be mailed at the beginning of January. Tickets will be reserved on a first come, first serve basis. There are a limited number of tickets available.

Questions? Contact Sandy Ammons at (910) 614-1434 or sammons@capefearvalley.com.

- Because of the value of the goods and services you are receiving in consideration in whole or in part for your contribution is \$50; the portion of the ticket price eligible for tax deductibility is \$100. Cape Fear Valley Health Foundation is a 501 (c) (3) charitable organization whose tax identification number is 56-1947017.

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