

Seasons of Caring Luncheon
Thursday, October 29, 2009
River Oaks Country Club

Name _____

Address _____ City _____ Zip _____

Phone _____ Email _____

Please reserve the following:

Tables for 10

__ Distinguished Donor Table \$25,000

__ Major Underwriter Table \$10,000

__ Benefactor Table \$5,000

__ Sponsor Table \$3,500

__ Patron Table \$2,000

Individual Tickets

__ Distinguished Donor(s) \$2,500 ea.

__ Major Underwriter(s) \$1,000 ea.

__ Benefactor(s) \$500 ea.

__ Sponsor(s) \$350 ea.

__ Patron(s) \$200 ea.

__ Individual(s) \$125 ea.

__ Enclosed is my check for \$ _____ for the above reservations.

__ I am unable to attend but enclose a donation of \$ _____.

__ Please charge to my credit card: __ VISA __ MasterCard __ AMEX

Name as it appears on card _____

Billing Address _____

Card Number _____ Expiration _____

Signature _____

Please make checks payable to Interface-Samaritan Counseling Centers.

Reservation Information: Phone 713-626-7990 ext.103 Fax 713-627-7715

Interface-Samaritan Counseling Centers is a 501(c)(3) not-for-profit organization.

The fair market value of the luncheon is \$50 per person; the remaining amount of your contribution is tax deductible within the limits allowed by law.

Table Guests

1. _____

Address _____ Phone _____

2. _____

Address _____ Phone _____

3. _____

Address _____ Phone _____

4. _____

Address _____ Phone _____

5. _____

Address _____ Phone _____

6. _____

Address _____ Phone _____

7. _____

Address _____ Phone _____

8. _____

Address _____ Phone _____

9. _____

Address _____ Phone _____

10. _____

Address _____ Phone _____