

**Interface-Samaritan Counseling Centers**  
*Seasons of Caring Luncheon*

**Thursday, October 29, 2009 at River Oaks Country Club**  
Proceeds will benefit and advance individual counseling and educational services.

Underwriter Name(s): *(for printed materials)* \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Table Host: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

*Underwriting Opportunities*

**Premier Tables for 10**

- Distinguished Donor - \$25,000
- Major Underwriter - \$10,000
- Benefactor - \$5,000
- Sponsor - \$3,500
- Patron - \$2,000

**Individual Underwriters**

- Distinguished Donor - \$2,500/guest
- Major Underwriter - \$1,000/guest
- Benefactor - \$500/guest
- Sponsor - \$350/guest
- Patron - \$200/guest

Underwriters will receive recognition in the invitation and printed program.

**Invitation printing deadline: August 3, 2009.**

- I do not wish to be listed in any printed materials.

Enclosed is my check for \$\_\_\_\_\_ (Please make checks payable to Interface-Samaritan Counseling Centers)

I am unable to attend but I wish to make a donation of \$\_\_\_\_\_.

Please charge my credit card:     VISA                       MasterCard                       AMEX

Name as it appears on card \_\_\_\_\_

Card Number \_\_\_\_\_ Expiration \_\_\_\_\_

Signature \_\_\_\_\_

Thank you for your generous consideration and prompt response.  
Please return this form in the enclosed envelope or fax to 713-627-7715.  
For more information call 713-626-7990 ext. 103.

*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 is tax deductible within the limits allowed by law.*