

hope dream believe

The favor of a reply is requested by  
November 20, 2009

# personal information

Name

Company

Address

City, state, zip

Daytime telephone

Email

Please print name as you would like it to appear in recognition materials

Please mark category and indicate quantity

## tables of ten

<input type="checkbox"/>	premium .....	\$ 30,000
<input type="checkbox"/>	preferred .....	\$ 15,000
<input type="checkbox"/>	single .....	\$ 8,000

## single tickets

<input type="checkbox"/>	premium .....	\$ 3,000
<input type="checkbox"/>	preferred .....	\$ 1,500
<input type="checkbox"/>	individual .....	\$ 800
<input type="checkbox"/>	under 35 .....	\$ 400

I/We will be attending as guests of

I/We are unable to attend.

I/We wish to contribute \$ \_\_\_\_\_ to the MRIC.

Check enclosed for \$ \_\_\_\_\_

Please make checks payable to Children's Memorial Foundation.

Please charge my account: \$ \_\_\_\_\_

Card number

Exp date

Cardholder's name

Signature

Tickets will be held at the door.

The amount of goods or services provided for tax purposes is \$125.00 per person.

Proceeds benefit pediatric research at Children's Memorial Research Center.

# dinner table seating

Please print names of the people with whom you wish to be seated. Tables accommodate 10 guests.

Vegetarian option

	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>

For more information, contact:  
Medical Research Institute Council  
2300 Children's Plaza, No. 4  
Chicago, IL 60614-3394  
773-975-8760 [www.mricchildrens.org](http://www.mricchildrens.org)

  
**Children's Memorial**  
Affiliated Organization