



Systems Transformation

Name: _____

Title: _____

Company: _____

Address: _____

City: _____ State: _____

Daytime Phone: _____

e-mail: _____

Please respond by May 1, 2008.

Please reserve _____ seats at \$100 each or _____ table(s) of 10 at \$1000 each.

Please print the names of your guests on the reverse side.

I cannot attend, but would like to contribute \$ _____

Donors of \$25 or more will be listed in the program book as Patrons.

Total due: Dinner \$ _____ + Ad \$ _____ = Total \$ _____

Payment can be made by check or credit card.

Please make checks payable to MHASP.

Print cardholder name: _____

Card number: _____

Signature: _____

Circle one: Visa / Mastercard Exp. date: _____ Amt: \$ _____

Please print names and indicate any guests who prefer vegetarian meals with an asterisk (*).

1. -----
2. -----
3. -----
4. -----
5. -----
6. -----
7. -----
8. -----
9. -----
10. -----

The purchase of space in the **Bell of Hope Program Book** for advertising and personal tributes is offered at the rates and terms below:

Full Page – 7.5" x 10" - \$1,000

Half Page – 7.5" x 4.75" - \$500

Quarter Page – 3.5" x 4.75" - \$250

Business Card – 3.5" x 2" - \$125

Congratulatory one line message (100 characters) – \$25

**Patron Listing: \$25 – (please supply name
of individual or organization to be listed)**

Please send copy or camera-ready artwork with reply card, or
e-mail to nsalazar@mhasp.org.

Ads must be submitted by April 25, 2008.

For more information, please call Nancy Salazar
at 215-751-1800, ext. 228.