

# WOMEN'S WELLNESS LUNCHEON

PLEASE RESPOND BY SEPTEMBER 16, 2010



## PLEASE SELECT ONE

Yes, I will be a Table Captain and invite nine guests to join me. The names of my guests are listed on the back of this card.

Yes, I will attend. My Table Captain is:

\_\_\_\_\_

Yes, I will attend; please seat me at a table.

NAME

COMPANY

ADDRESS

CITY/STATE/ZIP

DAYTIME TELEPHONE

E-MAIL ADDRESS

**Please respond by September 16:**

**Swedish Medical Center Foundation  
747 Broadway  
Seattle, WA 98122-4307**

Phone: (206) 386-2738 • You may fax a copy to (206) 386-2765

Please reserve \_\_\_\_\_ seat(s) at \$125 each\*

Please reserve \_\_\_\_\_ Patron seat(s) at \$250 each\*  
*Patron Benefits: Complimentary valet parking and name listed in program if reservation received by September 9.*

*\* Please check the names (below) of other guests for whom you are paying.*

I would like to make an additional donation of \$ \_\_\_\_\_  
in honor/memory of \_\_\_\_\_

I am unable to attend;  
please accept my donation of \$ \_\_\_\_\_

## METHOD OF PAYMENT

Attached is my check in the amount of \$ \_\_\_\_\_  
*(Please make check payable to SMC Foundation.)*

Please charge my  
 Visa  Mastercard  American Express  
in the amount of \$ \_\_\_\_\_

CARD NUMBER

EXP. DATE

NAME ON CARD

Your payment is your reservation for you and your guests. The value of goods received is \$30 per attendee (\$40 for Patrons). There will be an opportunity to make an additional contribution at the event.

## TABLE GUESTS

1. NAME \_\_\_\_\_ PHONE \_\_\_\_\_

ADDRESS/CITY/ZIP \_\_\_\_\_

2. NAME \_\_\_\_\_ PHONE \_\_\_\_\_

ADDRESS/CITY/ZIP \_\_\_\_\_

3. NAME \_\_\_\_\_ PHONE \_\_\_\_\_

ADDRESS/CITY/ZIP \_\_\_\_\_

4. NAME \_\_\_\_\_ PHONE \_\_\_\_\_

ADDRESS/CITY/ZIP \_\_\_\_\_

5. NAME \_\_\_\_\_ PHONE \_\_\_\_\_

ADDRESS/CITY/ZIP \_\_\_\_\_

6. NAME \_\_\_\_\_ PHONE \_\_\_\_\_

ADDRESS/CITY/ZIP \_\_\_\_\_

7. NAME \_\_\_\_\_ PHONE \_\_\_\_\_

ADDRESS/CITY/ZIP \_\_\_\_\_

8. NAME \_\_\_\_\_ PHONE \_\_\_\_\_

ADDRESS/CITY/ZIP \_\_\_\_\_

9. NAME \_\_\_\_\_ PHONE \_\_\_\_\_

ADDRESS/CITY/ZIP \_\_\_\_\_

10. NAME \_\_\_\_\_ PHONE \_\_\_\_\_

ADDRESS/CITY/ZIP \_\_\_\_\_