

8th Annual What's Up Doc?

Print out this form, enclose a check or provide credit card information, and mail to:

Michelle R. Livaditis
Children's Memorial Foundation
2300 Children's Plaza, Box 4
Chicago, IL 60614

Name _____ Phone: _____

Address _____

City, State, Zip _____

E-Mail _____

Reservations & Payment:

I would like to purchase _____ **ticket(s) at \$125 each**

Guest's name(s): _____

I would like to purchase _____ **table(s) of 8 at \$2,500 each**

Guest's names: _____

I cannot attend, but please accept my tax deductible donation of \$ _____

Please charge \$ _____ to my **Amex** **Mastercard** **Visa** **Discover**

Card Number: _____

Expiration Date: _____

Authorized Signature: _____

Table Choices: please list your table choices below!

Seating is limited, reservations will be accepted in the order they were received.

1st Choice: _____

2nd Choice: _____

3rd Choice: _____

Please make **checks** payable to Children's Memorial Foundation.

We anticipate this event will sell out. Reservations will be accepted in the order they are received.

The amount for goods and services provided for tax purposes is \$75 per person.

Please **RSVP by Wednesday, May 13, 2009.**

For more information, please call Children's Memorial Foundation at (773) 880-8397.