

**KINDLY RESPOND BY:  
WEDNESDAY, MARCH 25**



**○ YES! I/WE WILL GLADLY ATTEND!** *Please reserve the following:*

**○ Community Champion \$200 per ticket**

Program recognition

Quantity: \_\_\_\_\_ x \$200 = \_\_\_\_\_

*How would you like to be listed in the program?*

\_\_\_\_\_

**○ Individual \$125 per ticket**

Quantity: \_\_\_\_\_ x \$125 = \_\_\_\_\_

**○ Table Sponsor \$1750**

10 Event tickets, table signage  
& program recognition

**○ IMPACT Sponsor \$2500**

10 Event tickets with priority seating  
& logo displayed on event screens

**○ Donation Only:** I am unable to attend,  
but please accept this donation in the  
amount of:

\$ \_\_\_\_\_

**Please return the completed form to:**

Email: [Loria.Carter@thechristhospital.com](mailto:Loria.Carter@thechristhospital.com)

Mail: The Christ Hospital Foundation, 2123 Auburn Avenue, Suite 528, Cincinnati, OH 45219

## PLEASE PRINT...



Scan the QR Code to visit  
[TheChristHospital.com/lp/impact](http://TheChristHospital.com/lp/impact)

Name(s): \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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

Dietary Restrictions (please specify if not listed):

- Vegetarian / Vegan    Gluten - Free    Shellfish Allergy    Kosher

Please list the names(s) of those with whom you would like to be seated:

*We will do our best to accommodate your request.*

\_\_\_\_\_  
\_\_\_\_\_

- Please charge my Visa, MasterCard, AMEX, or Discover

Name on card: \_\_\_\_\_

Card number: \_\_\_\_\_

Expiration: \_\_\_\_\_ Security Code: \_\_\_\_\_ Amt. Charged: \_\_\_\_\_

Signature: \_\_\_\_\_

### **Please make checks payable to The Christ Hospital Foundation**

Your reservation, less the estimated dinner value of \$50 per person, is tax deductible as provided by the law.

Tax ID number is 20-3823825. Registration is at the door. Tickets will not be mailed.