

Response Card

Reservations requested by February 10, 2025

Name _____

Address _____

Telephone _____ Email _____

Yes, I would like to purchase A _____ Sponsorship Level

Number of Tickets _____

I cannot attend, but would like to make a donation of \$ _____

Enclosed is my check made payable to: Newton Medical Center Foundation

Please charge \$ _____ to my Credit Card Amex Visa MC

Card No. _____ Exp. Date _____

Name as it appears on credit card _____

Signature of card holder _____