

San Francisco General Hospital Gala Fundraiser

- Yes, I/we will attend.
 - Individual Ticket at \$175
 - Please reserve a table for 10 at \$1750
- I/we cannot attend but please accept my fully tax-deductible contribution of \$ _____

Please use the opposite side of this reply card to confirm your attendance.

Please return by Monday, April 24, 2006

San Francisco General Hospital Foundation
c/o 2nd Gala Fundraiser
P.O. Box 410836
San Francisco, CA 94141-0836

For more information, please contact Katherine Moe,
katherine.moe@sfdph.org OR 415-206-4478 OR www.sfghf.net

Please use this reply card to confirm your attendance.

Name(s) _____

Department _____

Address _____

City _____ State _____ Zip _____

Phone _____

Email _____

Name of Guest(s) _____

Name of Guest(s) _____

Name of Guest(s) _____

Name of Guest(s) _____

Enclosed is my check payable to
SF General Hospital Foundation for \$ _____

Or bill my Credit Card for \$ _____

Visa Mastercard

Name on Card _____

Account Number _____

Expiration Date _____ Security Code _____

Signature _____