

_____	0	_____	5
_____	6	_____	4
_____	8	_____	3
_____	7	_____	2
_____	9	_____	1

PLEASE SEAT THE FOLLOWING GUESTS AT MY TABLE:

Northern Home for Children

Partnerships
FOR THE
Children
 AWARDS DINNER

The favor of your reply is requested on or before May 18, 2009.

M _____

WILL ATTEND _____ (PLEASE LIST ADDITIONAL GUESTS ON BACK)

UNABLE TO ATTEND _____

MY DONATION OF _____ HAS BEEN INCLUDED.

Please complete this form and return in the enclosed envelope with your check payable to:

Northern Home for Children

or

CARD#

EXP

VISA & MC ONLY

NAME

COMPANY

ADDRESS

CITY

STATE

ZIP

PHONE

EMAIL

— I WILL BE PURCHASING THE FOLLOWING TABLE:

★ PARTNERSHIP TABLE LEVELS ★

— Five-Star Partnership Table	★★★★★	\$25,000
— Four-Star Partnership Table	★★★★	\$15,000
— Three-Star Partnership Table	★★★	\$10,000
— Two-Star Partnership Table	★★	\$5,000
— Partnership Table		\$3,000

or

— I WILL BE PURCHASING — TICKETS AT \$250 EACH

All donations are welcome and will be listed in the Dinner Journal.

For attendees, contributions in excess of \$100 are tax-deductible to the extent allowable by law.

The official registration and financial information of the Northern Home for Children may be obtained from the PA Department of State by calling toll-free, within Pennsylvania, 1-800-732-0999. Registration does not imply endorsement.