



LA RABIDA  
CHILDREN'S HOSPITAL

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## Friends of La Rabida

Friday, November 16, 2012 ♦ Four Seasons Hotel Chicago  
Reception 6:00 p.m ♦ Dinner 7:00 p.m

YES, I am pleased to participate in La Rabida's Award Celebration at the following level:

\_\_\_ *Host* \$ 25,000  
-Host of the evening  
-Preferred seating for ten  
-Full-page ad in program book  
-Special recognition in program book\*

\_\_\_ *Benefactor* \$ 10,000  
-Prime seating for ten  
-Half-page ad in program book  
-Special recognition in program book\*

\_\_\_ *Sponsor* \$ 5,000  
-Reserved seating for ten  
-Recognition in program book\*

\_\_\_ *Friend Reservation(s)* \$ 500 each

NO, I am unable to attend, but wish to support with my contribution in the amount of \$\_\_\_\_\_.

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

(By signing, I commit to pay the amount indicated above.)

**PLEASE MAKE CHECKS PAYABLE TO: LA RABIDA CHILDREN'S HOSPITAL**

La Rabida Children's Hospital is a 501(c)(3) organization and contributions are deductible as provided by law. Tax I.D. Number 36-2170143

Please charge my credit card (circle one): American Express Discover MasterCard Visa

Credit Card Number: \_\_\_\_\_ Exp: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

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

Contact Name (for questions/seating): \_\_\_\_\_ Contact Phone: \_\_\_\_\_

Contact Fax: \_\_\_\_\_ Email: \_\_\_\_\_

\*How should we list your contribution in printed materials?

(example: John Doe, XYZ Company) \_\_\_\_\_

Please reply to:

La Rabida Children's Hospital - c/o PJH & Associates, Inc. - 205 West Wacker Drive, Suite 1400 - Chicago, IL 60606  
You may fax your response to 312-553-2007. For additional information, please call Kari Riordan at 312-553-2000,  
email kriordan@pjhchicago.com, or visit www.pjhchicago/larabida.