

REPLY CARD

Company Name (as it should appear on signs/advertising):

Contact Name: _____

Street Address: _____

City, State: _____ Zip Code: _____

Telephone: _____ E-mail: _____

Sponsorship Opportunities:

_____ \$10,000 Title Sponsor
_____ \$5,000 Presenting Sponsor
_____ \$2,500 Lead Sponsor
_____ \$1,250 Supporting Sponsor
_____ \$500 Host Sponsor

Program Advertising Options:

_____ \$1,000 Full Page (5.375" W x 9" H)
_____ \$500 Half-Page (5.375" W x 4.5" H)
_____ \$250 Quarter-Page (2.5" W x 4.5" H)
_____ \$150 Program Listing

_____ We are unable to participate this year. Please accept our donation of \$_____.

Payment:

_____ Check enclosed for \$ _____, made payable to SVHC.

_____ Please send an invoice.

_____ Please charge my/our credit card:

___ Visa ___ MC ___ AMEX ___ Discover

Account #: _____

Expiration: _____ CSV: _____

Name on card: _____

Signature: _____

Address associated with this card: _____

Please send your completed reservation form with payment to:

SVHC Foundation | 100 Hospital Drive | Bennington VT 05201 | foundation@svhealthcare.org