

TABLE HOST FORM



MAIL: **Erie Family Health Center**
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May 25, 2010
InterContinental Chicago
505 North Michigan Avenue, Chicago

Erie Family Health Center is proud to host the 2010 Golden Toothbrush Awards Luncheon, Chicago's only fundraiser for community oral health. Pledge your support by becoming a **Table Host** for the event.

I (we) would like to become a **Table Host** for the 2010 Golden Toothbrush Awards Luncheon being held on Tuesday, May 25, 2010 at The InterContinental Chicago.

_____ x \$1,000 = \$ _____
of tables

I (we) are unable to attend as Table Hosts but would like to contribute \$ _____ to the event.

Total enclosed: \$ _____

PAYMENT INFORMATION

- Check enclosed made payable to
Erie Family Health Center
- Call 312.432.7463
to give your payment information
- Please charge my credit card \$ _____
- Visa Mastercard Discover

_____ _____
card number *exp date*

signature

CONTACT INFORMATION

Contact Name _____ Date _____

Address _____

City _____ State _____ ZIP _____

E-mail _____ Phone _____ Fax _____

Please list the names of tables guests and their affiliations (if known):

