



Response Card

- Sponsorship selected _____ \$ _____
- Program ad size _____ \$ _____
- Please reserve ___ seat(s) at \$250 each \$ _____
- I/we decline with regret, but
please accept my donation of \$ _____

Contact Information

NAME _____

COMPANY _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

CELL PHONE _____ EMAIL _____

Payment Information

- Check enclosed for** \$ _____
Payable to San Antonio Hospital Foundation (SAHF)
- Please charge my credit card** \$ _____
- Mastercard Visa Amex
 Business Personal
- CREDIT CARD # _____ EXP DATE _____
- NAME ON CARD _____ CVV _____
- BILLING ADDRESS _____
- CITY _____ STATE _____ ZIP _____
- SIGNATURE _____ DATE _____

Pay Online



**For more information, please contact
the Foundation at 909.920.4962
or Foundation@SARH.org.
Please RSVP by September 9, 2024**

Guest Information

Name(s) & cell phone number(s):

NAME _____
CELL PHONE _____

NAME _____
CELL PHONE _____

NAME _____
CELL PHONE _____

NAME _____
CELL PHONE _____

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