

HOSPITAL AUXILIAN AND VOLUNTEER  
ACHIEVEMENT AWARD CEREMONY

Friday, March 19, 2010 — 1:00 p.m. to 3:00 p.m.

The Grand Ballroom of The Waldorf-Astoria

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Please reserve \_\_\_\_\_ tickets at \$70 each.

In addition, I would like to support the United Hospital Fund by becoming a:

Pacesetter (\$500)  Patron (\$250)

Sponsor (\$100)  Other \_\_\_\_\_

I am unable to attend but enclosed is a tax-deductible  
donation of \$ \_\_\_\_\_ .

This support is in honor of \_\_\_\_\_ .

Enclosed is a check for \$ \_\_\_\_\_ , made payable to the  
United Hospital Fund.

I prefer to charge my:

American Express  MasterCard  Visa

(Provide credit card information on reverse.)

Please indicate if you require wheelchair access or other  
special arrangements: \_\_\_\_\_

Please list guests on reverse and return with payment by  
February 23. For further information, call Norma Gindes at  
(212) 494-0724.

Hospital Affiliation \_\_\_\_\_

Name of Honoree \_\_\_\_\_

Guests (if applicable) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If paying by credit card, please provide the following:

Card # \_\_\_\_\_

Expiration Date \_\_\_\_\_

Name (please print) \_\_\_\_\_

Authorized Signature \_\_\_\_\_

Billing Address \_\_\_\_\_

\_\_\_\_\_