

SPONSOR AND RESERVATION ORDER FORM

Pink Flamingos
Wednesday, September 26, 2007

Benefiting the
Partnership for Breast Care and
"Take the Time" Mobile Mammography at
Hartford Hospital

Company Name _____
(as you would like it to be listed in the event program)

Contact Person/Title _____

Address _____

City/State/Zip _____

Telephone (_____) _____ Fax (_____) _____

Email address _____

Reserve the following **Sponsorship** by checking off the preferred level.

- | | | |
|---------------------------------------|---------|--|
| <input type="checkbox"/> Presenting | \$5,000 | <input type="checkbox"/> Advocate \$100 |
| <input type="checkbox"/> Pink Ribbon | \$3,000 | <input type="checkbox"/> We are unable to attend but would like
to make an outright gift of \$_____ |
| <input type="checkbox"/> Blue Bow Tie | \$1,200 | |
| <input type="checkbox"/> Hope | \$600 | |

Program Book Listing Deadline September 12, 2006

I/We would like to purchase #_____ **Reservations** at \$50 each

I/We are unable to attend but would like to make an outright gift of \$_____

TOTAL Level of commitment \$ _____

Send Invoice: Yes / No

Check Enclosed: Yes / No

*Signature _____ Date _____

*Please make checks payable to Hartford Hospital (Pink Flamingos in Memo section)
Hartford Hospital's Tax Id is 06-0646668. Hartford Hospital is not-for-profit*

Return to : Nadia Woodman
Hartford Hospital
80 Seymour Street, PO Box 5037
Hartford, CT 06102
Ph:(860) 545-2161 Fax:(860) 545-2800
Email: nwoodman@harthosp.org

If you have questions about the
event, please contact Roxanne
Rotondaro
at (860) 545-1018 or
rrotond@harthosp.org