



***Celebration Gala***  
*Thursday, October 8, 2009*  
*Marriott Rivercenter*

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Name of Company OR Individual

Agrees to purchase the following Corporate Table(s) for the CHRISTUS Santa Rosa Children's Hospital 50<sup>th</sup> Birthday Gala on Thursday, October 8, 2009.

- Icing on the Cake*                      \$25,000
- Double the Frosting*                      \$10,000
- Blow out the Candles*                      \$ 5,000
- And Many More*                      \$ 2,500
- Individual Seat(s)*                      \$ 250

\_\_\_\_\_ Will not attend, but would like to make a contribution to the CHRISTUS Santa Rosa Children's Hospital 50<sup>th</sup> Birthday Gala in the amount of \$\_\_\_\_\_

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Mailing Address

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Telephone Number

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Contact Name

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Solicitor Name

You will be billed directly to the information as listed above. Please return the completed form by fax to the Santa Rosa Children's Hospital Foundation office at (210)704-2384; e-mail to [gracie.martinez@christushealth.org](mailto:gracie.martinez@christushealth.org) or return in the enclosed envelope to the Foundation Office at 343 W. Houston, Suite 505, San Antonio, Texas 78205.

For further information, please contact the Foundation office at (210)704-2541.