

# EVENING OF HONORS

• Tuesday, October 27, 2009 •

Name: \_\_\_\_\_  
(Please list name as you wish to be listed in the program book)

Company: \_\_\_\_\_

Address: \_\_\_\_\_

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

Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

\_\_\_ **PLATINUM SPONSOR \$25,000** (\$21,250 tax deductible)  
Includes TWO GOLD-PAGE ADS in the program book, thirty guest passes

\_\_\_ **GOLD SPONSOR \$15,000** (\$12,500 tax deductible)  
Includes a GOLD-PAGE AD in the program book and twenty guest passes

\_\_\_ **SILVER SPONSOR \$10,000** (\$8,500 tax deductible)  
Includes a SILVER-PAGE AD in the program book and twelve guest passes

\_\_\_ **BRONZE SPONSOR \$5,000** (\$4,000 tax deductible)  
Includes a BRONZE-PAGE AD in the program book and eight guest passes

\_\_\_ **Guest Pass \$350** per person (\$125 tax deductible per pass)

*Please check if you are a member of the following:*

\_\_\_ Philadelphia Rheumatism Society    \_\_\_ Philadelphia Orthopedic Society

\_\_\_ I would like to place an ad in the Evening of Honors Program Book  
(Book size 5 1/2" x 8 1/2" - black and white ad only)

\_\_\_ \$3,000 Inside Front Cover (5" x 8")

\_\_\_ \$1,500 Full Page (5" x 8")

\_\_\_ \$2,500 Inside Back Cover (5" x 8")

\_\_\_ \$1,000 Half Page (5" x 3 3/4")

*RSVP by October 1, 2009, to guarantee inclusion of ad in the Program Book.*

\_\_\_ I/we are unable to attend.

\_\_\_ Please accept my contribution of \$ \_\_\_\_\_ to support the Arthritis Foundation,  
EPA Chapter

*Please specify payment by checking one of the following:*

\_\_\_ Enclosed is my check in the amount of \$ \_\_\_\_\_

\_\_\_ Please charge to my credit card: \_\_\_ Visa \_\_\_ MasterCard

Card #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Name as it appears on card: \_\_\_\_\_

Signature (required for credit card): \_\_\_\_\_

Questions? Call 215-574-3060, ext. 119 or [gdonatucci@arthritis.org](mailto:gdonatucci@arthritis.org)

Please make checks payable to: Arthritis Foundation

111 S. Independence Mall East, Suite 500, Philadelphia, PA 19106

Thank you for your generous contribution benefiting the Arthritis Foundation, Eastern Pennsylvania Chapter.

A copy of the official registration and financial information of the Arthritis Foundation, Eastern Pennsylvania Chapter may be obtained from the Pennsylvania Department of State by calling toll free within Pennsylvania 800-732-0999. Registration does not imply endorsement.



The mission of the Arthritis Foundation is to improve lives through leadership in the prevention, control and cure of arthritis and related diseases.

[www.arthritis.org](http://www.arthritis.org)