

INDIVIDUAL SPONSOR RESPONSE FORM

I WILL SUPPORT THE 2009 DECORATORS' SHOW HOUSE AS A:

DIAMOND SPONSOR	\$10,000 + _____	DONOR SPONSOR	\$500 + _____
GOLD SPONSOR	\$5,000 + _____	CONTRIBUTOR SPONSOR	\$250 + _____
SILVER SPONSOR	\$2,500 + _____	SUPPORTER SPONSOR	\$100 + _____
BRONZE SPONSOR	\$1,000 + _____	FRIEND SPONSOR	\$1 + _____

Name (as you wish it to appear in the program)

Address City, State, Zip

Phone Email

Active/Advisory Member _____ Life Member _____

Donation Amount \$ _____

_____ Check enclosed. (Make checks payable to St. Margaret's Hospital Guild.)

_____ Visa/MasterCard

Card number Exp. Date 3-digit # on back

Please refer to the 2009 Individual Sponsor Benefits form. Would you like to receive the benefits to which you are entitled? YES _____ NO _____

If YES, please indicate which benefits you would like to receive:

Show House tour tickets _____ Opening Night Party _____

_____ A Matching Gift Program is available through my company.

Thank you for your contribution! 100% of proceeds support Wishard.

Please return your response to Traci Runge in the enclosed envelope.

Sponsors at all levels receive program recognition. The deadline for inclusion in the program is March 1, 2009.

Supporting Wishard Since 1907

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St. Margaret's Hospital Guild ♦ P.O. Box 40793 ♦ Indianapolis, IN 46240 ♦ showhouseindy.com

FOR OFFICE USE ONLY

TKU _____ TAX REC _____ BEN _____