

***Yes! We will support The Friends of the
Massachusetts General Hospital Cancer Center***

- Host:** \$2,500 (includes 6 tickets)
 Founder: \$1,000 per person. _____ tickets
 Benefactor: \$500 per person. _____ tickets
 Patron: \$300 per person. _____ tickets
 Sponsor: \$200 per person. _____ tickets
 Individual: \$125 per person. _____ tickets

Reservations will be held at the door. Ticket prices in excess of \$30 are tax deductible.

- I/we cannot attend, but please accept my donation of _____ to the Friends.
 Please accept an additional donation to help fund the pediatric toy box:
_____ \$50 _____ \$100 _____ other

Payment:

Enclosed is my check for \$ _____ payable to

The Friends of the MGH Cancer Center

Charge \$ _____ to MC Visa Amex

Account No. _____

Expires _____ Card Security Code: _____

Signature _____

Billing address: _____

Please mail by **November 1, 2009** to
Mrs. William U. Shipley, 40 Dunster Road,
Chestnut Hill, MA 02467

*Please include on the back of this card the names and addresses of
any friends you would like added to our invitation list.*