

19TH ANNUAL
CAMEOS *of* CARING

AWARDS GALA

RSVP BY FRIDAY,
OCTOBER 20, 2017.

NAME

ADDRESS

CITY

STATE

ZIP

PHONE NUMBER

E-MAIL

- I/We wish to reserve _____ table(s) of 10 at \$1,250 each.
- I/We wish to make _____ reservation(s) at \$125 each.
(Enclosed is a check for \$ _____. *Please make checks payable to University of Pittsburgh.*)
To pay by credit/debit card please call 412-624-5328 for instructions.

Please list the names of those in your party on the reverse side of this card.

- I/We cannot attend but wish to make a contribution. (Enclosed is a check for \$ _____.)

I/We wish to be seated with _____.

Please list the names of those in your party. Mark special dietary requests (e.g., vegetarian or children's meal) next to the individual's name.

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

For more information, contact Jennifer Fellows at 412-624-5328 or jmw100@pitt.edu.

A copy of the official registration and financial information of the University of Pittsburgh School of Nursing may be obtained from the Pennsylvania Department of State by calling, toll free, 1-800-732-0999. Registration does not imply endorsement. Please be advised that Internal Revenue Service regulations require a donation to be limited to the excess of the total amount paid over the value of the benefit received. Of the total cost per ticket, \$50 is tax deductible.