

17TH ANNUAL  
CAMEOS  
OF CARING®  
AWARDS GALA

RSVP BY FRIDAY, OCTOBER 23, 2015

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NAME

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ADDRESS

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CITY

STATE

ZIP

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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.*)

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.

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
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**FOR MORE INFORMATION, CONTACT JENNIFER FELLOWS AT 412-624-5328 OR [JMW100@PITT.EDU](mailto: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.