

RESERVATIONS

- I/We plan to attend. Please reserve _____ tickets at \$_____ each. **Reservation deadline is April 28, 2008.**
- I/We wish to reserve a sponsorship or ad at the following level: _____ for \$_____.
Sponsorship/ad deadline is March 18, 2008.
- Regretfully, I/we cannot attend. Enclosed is a contribution of \$_____.

Bus transportation is available leaving Sinai at 5:15 pm.
Space is limited and offered on a first come, first served basis.

- I/We request transportation at \$15 per person:
 Round trip to Boston from Boston
- Enclosed please find a check for the total of \$_____.
(Include bus fare if applicable.) Thank you.
- I/We would like to pay by credit card: Visa MC
Card#: _____
Expiration date: _____
Name as it appears on credit card:

To make your credit card contribution by phone, please call the Foundation Office at 781-297-1153.

STEPPING OUT



WITH SINAI

Individual Name:

Organization:

Address:

City:

State/Zip:

Contact Person:

Phone:

Please Respond With This Card By April 28th, 2008.

Tables seat ten. Please list guest(s) with whom you wish to sit.
We will do our best to accommodate your request.

STEPPING OUT



WITH SINAI

Make checks payable to **Sinai Foundation.**

Return to: New England Sinai Hospital
150 York Street
Stoughton, MA 02072

For any questions, call 781-297-1153.