



Health care with a heart, close to home!

[www.neighborhoodhealthsource.org](http://www.neighborhoodhealthsource.org)

Phone 612 · 588 · 9411 | Fax 612 · 362 · 4115

**Yes, I would like to attend the *Caring for Our Community Breakfast Jubilee!***

Contact Information

First and last name: \_\_\_\_\_

Company name (optional): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email address: \_\_\_\_\_

Ticket and Table Information

I would like to reserve:

Type	Cost	Quantity (Tables or Tickets)	Total (cost x quantity)
Table for 8*	\$500		
Table for 4*	\$250		
Single ticket*	\$50		
<b>Grand total:</b>			

\* The portion of your purchase that is NOT tax deductible is \$17 per person.

First and last names of all attendees: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Payment Information

Enclosed is a check made payable to Neighborhood HealthSource.

Please charge my credit card.

Credit card number: \_\_\_\_\_ Exp. date: \_\_\_\_\_  
(Visa, Master Card and Discover only)

Signature: \_\_\_\_\_ CVV: \_\_\_\_\_

Please send me an invoice.

**Please send this completed form to:**

Neighborhood HealthSource  
Attn: Development  
3300 Fremont Avenue North  
Minneapolis, MN 55412



**Thank you so much for your generous support!**