



Health care with a heart, close to home!

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		
Grand total:			

* The portion of your purchase that is NOT tax deductible is an estimated \$18.50 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!