



INTERPLAST TRANSFORMATIONS GALA

SATURDAY, NOVEMBER 7, 2009

CELEBRATING 40 YEARS OF HEALING

Commitment Form

Date: ____ / ____ / ____

Please reserve a table for us at the following level:

- | | | |
|---|----------|-----------|
| <input type="checkbox"/> Healing Bodies Sponsor*: | \$25,000 | |
| <input type="checkbox"/> Changing Lives Sponsor*: | \$10,000 | |
| <input type="checkbox"/> Empowering Communities Sponsor*: | \$5,000 | |
| <input type="checkbox"/> Table of Friends: | \$3,000 | |
| <input type="checkbox"/> Partner in Healing Sponsor* (two tickets): | \$1,500 | |
| <input type="checkbox"/> Individual Ticket(s): | \$ 300 | Qty: ____ |

**To be acknowledged in the Gala invitation, please respond by August 18, 2009*

To be acknowledged in the Gala program, please respond by October 12, 2009

We are unable to attend the Transformations Gala, but wish to support Interplast's mission with a Fund-the-Need gift at the following level:

- | | | |
|-----------------------------------|----------------------------------|--------------------------------|
| <input type="checkbox"/> \$50,000 | <input type="checkbox"/> \$5,000 | <input type="checkbox"/> \$500 |
| <input type="checkbox"/> \$25,000 | <input type="checkbox"/> \$2,500 | <input type="checkbox"/> \$250 |
| <input type="checkbox"/> \$10,000 | <input type="checkbox"/> \$1,000 | <input type="checkbox"/> \$100 |

**Fund-the-Need contributions directly support surgeries for poor children in the developing world.*

Individual / Company Information:

Individual or Company Name: _____

Contact Person: _____

Address: _____

City / State / Zip Code: _____

Phone: _____ Email: _____

Individual or Company Name as it should appear in program:

Please indicate if you would like to remain anonymous.

If no recognition name is provided, we will use the Individual or Company name above.

Billing Information:

- I am enclosing a check with this completed form. (Please make checks payable to Interplast.)
 Please charge my credit card: Visa MasterCard American Express

Name on Card: _____

Card Number: _____ Exp: _____

Signature: _____

- Please send an invoice to the person/address indicated on page 1 of this form.

***Contributions that exceed \$160 per person are tax-deductible.
Interplast is a 501 (c) (3) non-profit organization. Tax ID no. 23-729-7770.***

Table Information:

Please include your table guest's names and address information so we can welcome each of them personally with information on the event and auction highlights.

Guest Name:

Address:

Names of table guests are requested before October 20, 2009. If you will have seats at your table that Interplast can sell to single/couple ticket purchasers (to raise even more money for the event), please include that information with this form.

Please return this form to:

**Interplast • 857 Maude Avenue, Mountain View, CA 94043
phone: 650.962.0123 • fax: 650.962.1619 • www.interplast.org
Email: Nicole@interplast.org**

