



Five Star Sensation

a celebration of food and wine

2011 Five Star Sensation
Saturday, June 25, 2011

RESERVATION FORM

Company/Sponsor Name: _____
(Please type or print as you wish it to appear in the gala program)

Address: _____

Company Executive: _____ Title: _____

Name of individual who should be contacted for additional information and details, including guest names:

Contact Person: _____ Phone: _____

Fax: _____ E-Mail Address: _____

_____ YES, we will sponsor a \$50,000 Star Premier Corporate Benefactor table (\$48,000 tax deductible; table of ten)

_____ YES, we will sponsor a \$25,000 Premier Corporate Benefactor table (\$23,300 tax deductible; table of ten)

_____ YES, we will sponsor a \$10,000 Corporate Benefactor table (\$8,500 tax deductible; table of ten)

_____ YES, we will sponsor a \$6,000 Corporate Patron table (\$4,750 tax deductible; table of ten)

We are unable to attend, but enclosed is a tax-deductible contribution of _____

To pay by credit card, please complete the following information:

VISA MasterCard Discover AM EX Exp. Date: _____ Security Code: _____

Card #: _____ Name on Card: _____

Please type or print name: _____

Signature: _____

_____ A check is enclosed, payable to Five Star Sensation .

_____ Please send an invoice to the address above.

Mail response form and payment to: Five Star Sensation
P. O. Box 24146
Cleveland, OH 44124-9998

For questions, please contact Cheryl Gutchall at 440-446-0713. • E-Mail: FiveStar@UHhospitals.org • Fax: 440-446-0764