



Benedictine HEALTH FOUNDATION'S

9th ANNUAL

# SAMPLE SIP & SAVOR

# RSVP

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Reservations are limited to the first 250 paid guests.  
Please respond promptly to ensure availability.

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Please Print

Please **RSVP** by March 30th

Name .....

Address .....

City.....ST ..... Zip .....

Phone ..... E-mail.....

- Yes, please sign me up for the Benedictine Health Foundation Email Newsletter!
- I would like to make #..... reservations at \$60 per person (\$65 after 3/23).
- I am unable to attend, but wish to support the Benedictine Health Foundation.  
Enclosed is my tax-deductible contribution of \$.....

**Sponsorship Opportunities** All Chef Sponsors will be recognized at the event!

- Executive Chef** Sponsor - \$1000 - Includes 10 reservations
- Sous Chef** Sponsor - \$500 - Includes 4 reservations
- Chef de Cuisine** Sponsor - \$250 - Includes 2 reservations

Enclosed is my check for \$..... payable to: **Benedictine Health Foundation**

Please charge my:  Visa  Mastercard  American Express  Discover

Account # ..... Exp Date.....

Print Name .....CSV.....

Signature .....

**Reservations are limited and will be taken on a first come, first served basis.**

For more information, please contact Benedictine Health Foundation (845) 481-1457

**Please Print Guest Names • This is a casual event • There are no table assignments**

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