

# **Yes, I am attending the Dutch Dinner - November 10, 2018.**

*RSVP by October 19, 2018*

I would like to purchase \_\_\_\_ tickets at \$200 each totaling \$\_\_\_\_\_.

I would like to purchase a sponsorship. (Deadline is October 12, 2018)

\$1,000

\_\_\_ tickets (up to 8)\*

\$2,500

\_\_\_ tickets (up to 8)\*

\$5,000

\_\_\_ tickets (up to 8)\*

\$10,000

\_\_\_ tickets (up to 16)\*

I have special dietary requests: \_\_\_\_\_.

I cannot attend, but I want to make a donation in the amount of \$\_\_\_\_\_.

***Please make your checks payable to the Community Health Clinic,  
and complete the information below in its entirety.***

Name: \_\_\_\_\_

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

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

Phone/Email: \_\_\_\_\_

***If you purchase a sponsorship, you will be contacted regarding sponsorship benefits.***

***\*Tickets will be mailed to you approximately 10 days before the Dutch Dinner.***

*Please be thoughtful as you consider the number of tickets you will utilize.*

***The Community Health Clinic  
315 Lehman Ave, Suite C  
PO Box 9  
Topeka, IN 46571***