

Please make my reservation for **Take Thyme for Women's Health**

___ Individual Tickets @ \$100 \$ _____

___ Friend Tickets @\$150* \$ _____

___ Patron Tickets @ \$250* \$ _____

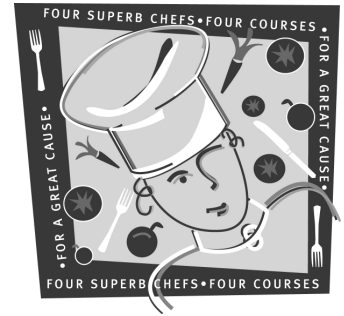
___ Benefactor Tickets @ \$500* \$ _____

I would like to add an additional tax-deductible contribution of \$ _____

I would like to be a sponsor
(Platinum (\$5000), Gold (\$3500), Silver (\$2500) and Bronze (\$1000)** \$ _____

I cannot attend but want to make a special
tax-deductible contribution of \$ _____

TOTAL \$ _____



Name: _____

Address: _____

Telephone: _____

E-mail _____

I am enclosing a check made payable to Women's Health Virginia

I authorize Women's Health Virginia to charge my credit card:

(circle) MC Visa AmExp Diner's Discover

Acct. No. _____

Expiration date _____

Signature _____

Please indicate the names of the friends with whom you would like to dine:

Please send your reservation and payment to:

Women's Health Virginia, 1924 Arlington Blvd., Suite 203, Charlottesville, VA 22903

For additional information or to reserve by phone, call 434-220-4500

Payment per ticket in excess of \$55 is tax-deductible to extent permitted by law

*A financial statement is available upon written request from the
Virginia Office of Consumer Affairs, P.O. Box 1163, Richmond, VA 23209*

* Includes listing in dinner program

**Includes tickets (10, 6, 4, 2 tickets, respectively) and recognition in media and dinner program