



NINTH ANNUAL
Butterfly Luncheon
April 21, 2010

Reply Form

Name (as it is to be listed on all printed materials): _____
 Contact (for corporate or foundation underwriters): _____
 Address: _____
 City: _____ State: _____ ZIP: _____
 Phone: _____ E-mail: _____

TABLE SPONSORSHIP LEVELS

(Seating for a table of ten)

- ___ *The Purple Emperor \$25,000*
 Provides one hundred patients with medical equipment such as hospital beds, wheelchairs and oxygen supplies.
- ___ *The Tawny Emperor \$15,000*
 Allows Houston Hospice to provide routine home care for four patients for one month.
- ___ *The Monarch \$10,000*
 A six-day stay for three patients in our patient care center.
- ___ *The Red Admiral \$5,000*
 Seven days of continuous home care for a patient.
- ___ *The Pearl Crescent \$2,500*
 Respite care of a patient for five days, allowing caregivers a break.
- ___ *The Mosaic \$1,500*
 Allows Houston Hospice to provide routine home care for a patient for ten days.

INDIVIDUAL TICKET LEVELS

(Please indicate number of seats to reserve)

- ___ *Butterfly Wings \$500* ___ *Chrysalis \$250*
- ___ *Winged-Heart \$150*

___ Enclosed is a check in the amount of \$ _____ payable to Houston Hospice.
 ___ I am unable to attend, but have enclosed a donation of \$ _____

Please charge: Visa ___ MasterCard ___ American Express ___ Discover ___
 Name on card: _____
 Credit Card number: _____ Expiration Date: _____
 Signature: _____

Individual tickets will be available at a later date.

*For tax purposes, the estimated value is \$75 per person.
 Houston Hospice is a 501 (c) (3) nonprofit organization.*

Please e-mail, fax or mail form to:

Cynthia Nordt

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Phone: 713-677-7123 Fax: 713-677-7288

Houston Hospice • 1905 Holcombe Boulevard • Houston, Texas 77030