

Whitman-Walker Clinic's 17th Annual Spring Gala
Masquerade on the Mall



Friday, April 23, 2010
6:30 – 11:00 pm

Andrew W. Mellon Auditorium
1301 Constitution Avenue, NW

Table Host Commitment

Host name(s): _____

As it should appear in printed materials

Address: _____

E-mail: _____

Phone: (____) ____-____ FAX: (____) ____-____

YES! I would like to host a table at the 2010 Spring Gala!

I intend to secure 10 seat reservations at the following level:

- Platinum Mask (\$1,000 per ticket) Gold Mask (\$500 per ticket)
 Silver Mask (\$350 per ticket)

I will confirm this commitment no later than March 26, 2010. This means that I will secure 10 tickets or agree to purchase any tickets unsold by April 23, 2010.

Agreed to by: _____

Signature

YES! I'm ready to make my contribution to the 2010 Spring Gala!

- I have attached a check payable to Whitman-Walker Clinic.
 Please charge my credit card \$_____ towards my commitment.
 VISA MasterCard Discover AMEX

Acct: _____ Exp: _____

Commitments must be received by March 1 for inclusion in the invitation, April 1 for the program book and April 14 for signage.

For more information, contact Ellie Willard, Special Events Coordinator, at
(202) 797-3543 or ewillard@wwc.org