

# tribute

## Reservation Form

Please reserve the following (insert quantity in space provided):

\_\_\_\_\_ \$25,000 Lead Sponsor Tables

\_\_\_\_\_ \$10,000 Wellness Sponsor Tables

\_\_\_\_\_ \$5,000 Hope Sponsor Tables

\_\_\_\_\_ \$2,500 Recovery Sponsor Tables

\_\_\_\_\_ \$750 Early Registration Package (must reserve by August 20, 2010)

\_\_\_\_\_ \$250 Patron Tickets

\_\_\_\_\_ \$500 Program Ad

Please list my Name or Organization in Recognition materials as:

\_\_\_\_\_  
(please print)

Name \_\_\_\_\_

Business/Organization \_\_\_\_\_

Address ( \_\_ Home \_\_ Office) \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Day Phone # \_\_\_\_\_ E-Mail \_\_\_\_\_

Check Enclosed (please make your check payable to MHAC)

Please charge my:  MC  VISA Name on Card \_\_\_\_\_

Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_

PLEASE RETURN FORM TO: Mental Health America of Colorado  
1385 S. Colorado Blvd., Ste 610  
Denver, CO 80222