

UCSD STUDENT-RUN FREE CLINIC PROJECT
Annual Fundraiser & Award Celebration
March 30, 2008 ♦ UCSD Price Center Ballroom

RSVP FORM – Please respond by March 14, 2008

You can RSVP in the following ways:

1. Fax this form to: (858) 822-3990
2. Email to: cbloomwhitener@ucsd.edu
3. Mail this form to: UCSD Student-Run Free Clinic Project
9500 Gilman Dr., MC 0696
La Jolla, CA 92093-0696 Phone: (858) 534-6110

Name				Title
Organization (optional)				
Street Address				
City	State	Zip	()	Phone

E-mail (important): _____

Event Tickets

_____ ticket(s) at \$125 per ticket (\$100 of the ticket price is tax deductible) Total: \$ _____
_____ student ticket(s) at \$25 per ticket Total: \$ _____

Tables

_____ table(s) at the \$1,500 level (\$1,300 is tax-deductible) Total: \$ _____
_____ table(s) at the \$1,000 level (\$800 is tax-deductible) Total: \$ _____

Name or how you would like your table to be designated:

Other Support Opportunities

I would like to donate \$ _____ (donation is tax-deductible)

I would like to purchase Opportunity Drawing Tickets (\$1/ticket; not tax-deductible)

_____ tickets Total: \$ _____

I would like to donate the following item/service for your event: _____

_____ Yes, I am interested in receiving information about other sponsorship and contribution opportunities.

Check Payment: Please make check payable to “UCSD Foundation” and indicate “UCSD Student-Run Free Clinic Project” on the memo line.

Credit Card Payment: I authorize UCSD to charge my credit card in the amount of \$ _____
_____ Mastercard _____ Visa _____ American Express _____ Discover

Card No. Exp. Date Authorized Signature

TOTAL AMOUNT ENCLOSED/CHARGED: \$ _____ ___ Check ___ Credit ___ Cash

THANK YOU FOR YOUR SUPPORT!