

UCSD STUDENT-RUN FREE CLINIC PROJECT
Annual Benefit & Award Celebration
March 31, 2012 in the UCSD Price Center Ballroom
Event RSVP – Your response by MARCH 16, 2012 is appreciated
For Sponsorships and Prize donations please let us know by March 1, 2012

1. Fax this form to: (858) 822-3990 or,
2. Email to: acrane@ucsd.edu or cbloomwhitener@ucsd.edu or,
3. Mail this form to: UCSD Student-Run Free Clinic Project
9500 Gilman Dr., MC 0696
La Jolla, CA 92093-0696
4. Call Carol Whitener or Anne Crane at 858 534 6160
(Students and event volunteers, please contact our office)

Name _____ Organization _____

Street Address _____

City _____ State _____ Zip _____ Phone _____ (____)

E-mail address (important): _____

Event Attendance

_____ Dinner(s) at \$175 per person (\$140 is tax deductible) Total: \$ _____

_____ Table sponsorships at \$2,000 each Total: \$ _____

How would you like your table identified, both on the table and in the program (e.g., name, organization, other)

I/We would like to be an event and/or clinic sponsor. Sponsorship Amount: _____

If you would like more information on clinic and event sponsorship,

please contact Ellen Beck, MD ebeck@ucsd.edu or Anne Crane acrane@ucsd.edu

Silent Auction Prize/Service donation for the event: _____

Monetary donation \$ _____ (tax-deductible)

Online Payment: Go to the Free Clinic Website <http://meded.ucsd.edu/freeclinic/> and press Donate Now

Check Payment: Please make check payable to "UCSD Foundation" and indicate "Free Clinic" 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 \$) _____

Mode of Payment: _____ On-line Payment _____ Check _____ Credit Card _____ Cash

THANK YOU FOR YOUR SUPPORT!

For more information or to donate:

Website <http://meded.ucsd.edu/freeclinic/> **or Phone** (858) 534-6160