



Response Card

Please respond by October 16th

- Platinum Sponsor** \$10,000
- Silver Sponsor** \$5,000
- Bronze Sponsor** \$2,500
- Virtual Table Host** \$1,000
- Individual Ticket** \$100
_____ number of tickets



- Flowers of Faith Sponsor** \$100

Please provide name of person to receive flower delivery:

Name _____

Address _____

City/State/Zip _____

- In Memory of** _____
- In Honor of** _____

Personalized message on card:

Over please:



I am not able to attend but would like to make a donation:

\$50 \$100 \$250 \$500 Other _____

Method of Payment

Check enclosed (Payable to St. Vincent's Medical Center)

MasterCard Visa Discover AmEx

Name on Card

Credit Card Number

Exp. Date

Security Code (CVV)

Phone Number

Address

City/State/Zip

E-mail address required to send link to attend virtual event on October 29th.

Please make checks payable to: **St. Vincent's Medical Center** and write: **"Breast Cancer Benefit"** in memo line. Mail checks to: St. Vincent's Medical Center, Philanthropy Department, 2800 Main Street, Bridgeport, CT 06606 or pay online: give.stvincents.org/bcd2020