



Canadian Friends of Meir Medical Center

Kfar Saba, Israel

Affiliated with the Sackler School of Medicine, Tel Aviv University

"Women of Vision - Tribute Dinner"

Honouring
Donna Holbrook Rose Ziner

Tuesday, November 14, 2006

REPLY CARD / PLEDGE FORM

Recognition Levels (details on reverse)



1. Please select

- | | | | |
|--|------------------|-----------------------------------|-----------|
| <input type="checkbox"/> Circle of life | \$ 36,000 | <input type="checkbox"/> Bronze | \$ 15,000 |
| <input type="checkbox"/> Platinum | \$ 30,000 | <input type="checkbox"/> Tribute | \$ 10,000 |
| <input type="checkbox"/> Gold | \$ 25,000 | <input type="checkbox"/> Hope | \$ 5,000 |
| <input type="checkbox"/> Silver | \$ 20,000 | <input type="checkbox"/> Donation | _____ |
| <input type="checkbox"/> Couvert: \$280 per person | Number of guests | _____ | _____ |

2. Please complete and return via fax or mail to the address below by November 1st, 2006

Name/Company _____

Address _____

Tel (home) _____ Tel (office) _____ Fax _____

Mobile _____ E-mail _____

Receipt in the name of (if different than above) _____

Mailing address (if different than above) _____

3. Method of payment

Please make cheque Payable to: **Canadian Friends of Meir Medical Center**

Credit card Card holder's name: _____

Visa / Master Card Card # _____ Exp: Month ____ Year ____

Signature: _____ Date: _____

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