

**7th Annual Extraordinary Sunday Afternoon of Visual & Performing Arts
Sunday, June 27, 2010**

Yes! We support the Coalition of Mental Health Professionals, Inc.:

- ◇ Individual Tickets _____ at \$75.00 per person if purchased by **June 25**
- ◇ Individual Tickets _____ at \$85.00 per person **AT THE DOOR**
- ◇ Table Sponsor (seats 10) _____ at \$1,000 per table, includes a Full Page Ad

◇ **Commemorative Journal Ad Space**

- _____ Back Cover (\$1,500)
- _____ Inside Cover (\$1,000)
- _____ Full Page (\$150)
- _____ Half Page (\$100)
- _____ Quarter Page (\$60)
- _____ Business Card (\$35)
- _____ Patron Listing (\$25)

◇ **Sponsorship Opportunities**

- _____ Gold Sponsor (\$10,000)
- _____ Silver Sponsor (\$7,500)
- _____ The Artist's Table (\$5,000)
- _____ Bronze Sponsor (\$3,000)
- _____ Table Sponsor (\$1,000)
- _____ Patron Sponsor (\$350)

- ◇ I am/We are unable to attend:

Please accept my/our tax-deductible contribution of \$_____.

TICKETS WILL BE HELD AT THE DOOR AND ARE NON-REFUNDABLE.

PLEASE COMPLETE THE OTHER SIDE OF THIS CARD.

Guest Information

Name: _____
Additional Guests: _____
Business Affiliation: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Telephone: (____) _____
E-mail: _____

Method of Payment

Check MasterCard Visa

Signature: _____
Name as it appears on card: _____
Card number: _____
Exp. Date: ____/____/____
Total amount to be charged: \$_____

**PLEASE USE THE ENCLOSED RETURN ENVELOPE FOR PAYMENT.
PERSONAL CHECKS WILL NOT BE ACCEPTED AT THE EVENT.
FOR MORE INFORMATION, PLEASE CONTACT US AT (323)777-3120.**