

2012 CharterCARE Gala
Mission Possible: New Horizons in Healthcare

SATURDAY, OCTOBER 27th
Twin River Event Center



_____ "Passports" (tickets) @ \$150pp = \$ _____ Total

_____ Reserve VIP Tables of 10* @ \$1750 = \$ _____ Total

_____ My check, payable to CharterCARE Health Partners Foundation, is enclosed.

Circle one: charge to my MasterCARD Amex Visa

Name as it appears on the card _____

Card # _____ Expiration date _____

Address _____

City/State/Zip _____

Guests' names _____

* Please use reverse side for additional guest names



Tickets may also be purchased at www.chartercare.org/events