

HEALTH ADVOCATES FOR OLDER PEOPLE, INC.

THE COTTON CLUB

Jazz, Buffet Supper and Dancing
Legendary Supper Club for Jazz offering Southern Style Dining

_____ Yes, I/We Will Be Pleased to Attend

Names/s _____
Please print your name/s as you wish to be listed

Address _____
City State Zip

Phone _____
Email

TICKET LEVELS: _____ Benefactor \$500 _____ Patron \$250 _____ Supporter \$100
Casual affair. Ticket includes 2 complimentary cocktails. Cash bar.

_____ I am unable to attend, but include my donation of \$_____ to Health Advocates.

Please charge my credit card (Visa / MasterCard / Amex / Discover Card):

Card number: _____ Expiration date: _____/_____

Signature: _____ Security code: _____

Please respond by February 27th. Amounts over \$75 per ticket reservation are tax-deductible.