

Brandywine Health Foundation's 2012 Garden Party Committee

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**Brandywine Health Foundation's
GARDEN PARTY
Wednesday, May 23, 2012**

Celebrating a decade of working together for a healthy community...And this is just the beginning.

Yes, I am/we are able to attend the Brandywine Health Foundation's Garden Party at "The Ruins" at Applestone Farm, the home of Mr. and Mrs. Michael Moran. Enclosed please find my/our donation of:

- _____ **\$25,000** *Summer Youth ServiceCorps Sponsor* (10 Tickets, listing on invitation and in *Daily Local News* insert*)
- _____ **\$10,000** *Strawberry Level* (8 Tickets, listing on invitation and in *Daily Local News* insert*)
- _____ **\$7,500** *"Battle of the Berries at Brandywine" Level* (6 Tickets, listing on invitation and in *Daily Local News* insert*)
- _____ **\$5,000** *Berry Level* (4 Tickets, listing on invitation and in *Daily Local News* insert*)
- _____ **\$2,500** *Platinum Level* (2 Tickets, listing on invitation and in *Daily Local News* insert*)
- _____ **\$1,000** *Gold Level* (2 Tickets, listing on invitation and in *Daily Local News* insert*)
- _____ **\$500** *Silver Level* (2 Tickets, listing on invitation and in *Daily Local News* insert*)
- _____ **\$300** *Bronze Level* (2 Tickets, listing on invitation and in *Daily Local News* insert)

**Donors \$500 and above will receive an invitation for two to a private VIP Sponsor Reception on Thursday, April 12, 2012 at "Overlook Road Farm," the home of Mr. and Mrs. William Kay II.*

I am/we are unable to attend, but enclosed is my/our donation of \$_____ to support the foundation.

Individual name(s) **OR** company name – how you wish to be listed on the invitation and other printed materials:

Contact: _____

Business Name if Applicable: _____

Address: _____

Phone: _____ E-mail: _____

- Please check here if you would like to remain anonymous.*
- Please check here if you do not want your name included in the Daily Local News insert.*

I/we would like to make my/our gift of \$_____ by:

Check: Enclosed is a check made payable to the Brandywine Health Foundation.

Credit Card: Please charge my credit card for \$_____.

Visa Mastercard Discover Card number: _____

Expiration date: _____ Signature: _____

Online: Another easy giving option — make your sponsorship gift on-line at our secure Web site at www.brandywinefoundation.org.

Please return your RSVP in the enclosed envelope by March 9, 2012

Brandywine Health Foundation, 50 South First Avenue, Coatesville, PA 19320

For more information, please call 610.380.9080, x102 or email dheiman@brandywinefoundation.org, www.brandywinefoundation.org