



**THE 11TH ANNUAL
HARRIS REGIONAL HOSPITAL & SWAIN COUNTY HOSPITAL
FOUNDATION GALA**

Name _____ Phone# _____

Enclosed please find a check in the amount of \$ _____

To cover the cost of _____ reservations at \$100 per person

Or

I wish to be a Special Sponsor: (please check one)

_____ Fedora Table Sponsor, (Table of 10) \$1,200.00

_____ Feather Sponsor, \$200.00 per person

_____ Fringe Sponsor, \$150.00 per person

We are unable to attend but would like to make
a donation of \$ _____

Make check payable to: WestCare Health System Foundation

Your contribution is tax deductible to the extent allowed by law.

For More Information Call 586-7404