

Yes, I support the Calcasieu Medical Society Foundation

I will be happy to contribute at the level indicated below:

Diamond \$20,000

Platinum \$10,000

Gold \$7,500

Silver \$5,000

Bronze \$2,500

Table of 8 \$1000

Individual Tickets \$125 each ___ tickets \$_____ total



Please mail with check made payable to Calcasieu Medical Society Foundation, PO Box 1210, Lake Charles, LA 70602.

Name _____ Phone _____ Email _____

Company _____ (as you want it to appear on table)

Address _____ City _____ State _____ Zip _____

Thank you for helping us raise money to benefit the Calcasieu Community Clinic.