



5th Annual Celebration Gala

TICKET ORDER FORM

Tuesday, October 26, 2010

Simmons Center

6:00 pm - 8:00 pm

Mail form and check to:

**DRH Health Foundation
PO Box 2000
Duncan, OK 73534**

NAME _____ TELEPHONE _____

COMPANY _____ FAX _____

ADDRESS _____ POSTAL CODE _____

EMAIL _____

I would like to purchase a table of 8 for \$280 (\$80 charitable receipt).

Please identify the table under the name: _____

I would like to purchase _____ tickets (\$35 each, \$10 charitable receipt). Total: _____

I cannot attend the event but would like to make a donation of \$ _____.

Please make checks
payable to:
DRH Health Foundation
Charitable tax receipts will be issued.

The DRH Health Foundation's mission is to act a resource for Duncan Regional Hospital and for the health, wellness, and health care needs of the residents of southwest Oklahoma.

Thank you for supporting us as we work in our communities and for supporting further work to be done.