

Yes, I Would Like to Support

Yes, I would like to support
An Evening In Orange

Visionary	\$50,000
Legend	\$25,000
Pioneer	\$10,000
Partner	\$ 5,000

Please return in enclosed envelope

Enclosed is my/our tax deductible gift of: \$ _____

Name: _____

Address: _____

City/State/Zip: _____

Please make checks payable to The University of Tennessee Medical Center or you may use your credit card:

Visa Mastercard American Express Discover

_____ Exp. Date: _____

Signature _____

