



**YOUTH CARE GIVE CHILDREN A CHANCE GALA  
TICKET REPLY FORM**

**COME CELEBRATE NEW ORLEANS STYLE WITH YOUTH CARE!**

*Please Reply by April 18, 2009*

Wednesday, April 29th at 6:00PM  
Artists for Humanities Epicenter  
100 South 2nd Street, South Boston, MA



Individual Ticket cost - \$200 per person

Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Number of Tickets: \_\_\_\_\_ x /\$200.00 = \$ \_\_\_\_\_

Enclosed is a check for \$ \_\_\_\_\_. (*Please make check payable to MGH YouthCare.*)

Please bill: [ ] American Express [ ] MasterCard [ ] Visa In the amount of \$ \_\_\_\_\_

Credit Card number: \_\_\_\_\_ Exp. Date \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Authorized Signature: \_\_\_\_\_ Tel: \_\_\_\_\_

Please list guests: \_\_\_\_\_

I am unable to attend but would like to donate \$ \_\_\_\_\_ to continue the good work of YouthCare.

*Please return completed form to:*

Julia Bateman-Babka, Special Events Officer • Development Office • Massachusetts General Hospital  
165 Cambridge Street, Suite 600 • Boston, MA 02114 • 617-726-9234 • fax: 617.726.7661 •  
jbabka@partners.org

**www.mghyouthcare.org**

**Thank You!**

