

August 30, 2010

Name
Address
City, ST Zip

Dear Name,

On behalf of the membership of *Les Amis de Hospice Austin*, it is our pleasure to extend to your son, _____, an invitation to participate in the **Les Amis de Hospice Austin Gala and Presentation of the 2011 Senior Class**. Hospice Austin provides compassionate medical, emotional and spiritual care for terminally ill Central Texans and their families. Proceeds from the Gala support Hospice Austin and its programs.

High school seniors from Austin and the surrounding areas will be presented at the Gala on **Monday, February 21, 2011** at The Hilton Austin Hotel. This evening of dinner and dancing will be memorable for your son while contributing to the success of an event that makes a difference in the lives of many families.

The participation fee, payable to *Les Amis de Hospice Austin*, is \$600. This fee includes your son's tuxedo, his Gala ticket, two adult Gala tickets, and recognition in the Gala program.

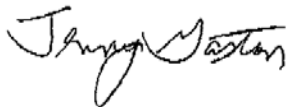
Please indicate your acceptance of this invitation by returning the enclosed information sheets and your payment by September 24, 2010. A late fee of \$75 must be added if the payment/information is postmarked after the September 24th deadline.

Your son, with a parent, will need to attend the mandatory orientation on **Sunday, October 17th** in the Parish Hall of the Episcopal Church of the Good Shepherd. Photos for the Gala program and tuxedo measurements will also be taken at this time. More information about the orientation will be mailed in September.

We look forward to another successful Gala and hope your son will be among those seniors presented on February 21, 2011. If you need additional information, please feel free to call us.

We appreciate your support of this worthy cause.

Sincerely,



Jenny Gaston
Gala Co-Chair
(521) 947-9633
jgaston2@austin.rr.com



Jana Howden
Gala Co-Chair
(521) 736-9847
janahowden@aol.com



Les Amis de Hospice Austin
2010-2011 Gala and Senior Presentation
Senior Boys Information Form

Senior Information

(Please print the information as you would like it listed in the invitation and gala program.)

Senior's First Name	Middle Name	Last Name	Suffix	
Address		City	State	Zip
Phone <small>(clearly.)</small>	Cell Phone	EMAIL <small>(We will be communicating largely by email; please print clearly.)</small>		

High School Attending

Senior's Height _____ ft. _____ in. Name Senior Goes
By _____
(You may estimate approximate height.)

Parent Information

You will be listed in the Gala program and your son will be introduced according to the options listed below. Please choose the appropriate option(s) and complete the parent information. If parents are divorced or single, please complete the appropriate information for both the mother and father.

Examples:

Married: John Doe is the son of Mr. and Mrs. Douglas Doe

Divorced: John Doe is the son of Mr. and Mrs. Douglas Doe and Dr. and Mrs. Phillip Smith

Single: John Doe is the son of Mr. John Doe and Ms. Betty Smith

Parents are: **(circle one)** Married Divorced Widowed Single

Mother's Information

(Circle One) Mrs. Ms. Dr. The Late

First Name	Last Name			
Address		City	State	Zip
Phone <small>(clearly.)</small>	Cell Phone	EMAIL <small>(We will be communicating largely by email; please print clearly.)</small>		

Mother's Spouse Information (if divorced)

(Circle One) No Spouse Mr. Dr. The Late

First Name	Last Name	Suffix
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Father's Information

(Circle One) Mr. Dr. The Late

First Name Last Name Suffix

Address City State Zip

Home Phone Work Phone Cell Phone Email

Father's Spouse Information (if divorced)

(Circle One) No Spouse Mrs. Dr. The Late

First Name Last Name

Sibling Information

To ensure you receive information about future senior presentations, please complete the following information: (Add a page for additional children.)

Child 1

First Name Last Name Year of High School Graduation Gender

Child 2

First Name Last Name Year of High School Graduation Gender

Child 3

First Name Last Name Year of High School Graduation Gender

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Statement of Purpose

I understand the proceeds from the Gala and Senior Presentation support Hospice Austin, the only not-for-profit organization in our community that provides comprehensive medical, emotional and spiritual care and counseling for the terminally ill and their families. My parents and I will make it a goal to discuss my participation as a service to Hospice Austin and our Central Texas community. I understand the Gala is given in my honor and the Seniors of 2011, and my behavior at the Gala will reflect my understanding of the purpose of the event.

Senior

Parent/Guardian

Please send completed form along with your payment to:
Hospice Austin
Attn: Rachel Goldstein
4107 Spicewood Springs Rd., Suite 100
Austin, Texas 78759

Deadline: September 24, 2010

2010-2011 HOSPICE AUSTIN GALA & SENIOR PRESENTATION
PAYMENT OPTIONS (BOYS)

My senior is unable to participate, but enclosed is my donation to Hospice Austin in the amount of _____.

My senior is able to participate and payment will be made through one of the options below:

Please check a payment box below:

**Forms postmarked after the September 24th deadline will include a \$75 late fee.

- Option 1: Participant Fee of \$600** (if postmarked prior to September 24, 2010). Includes 2 adult Gala tickets, 1 senior participant ticket and recognition in the Gala Program.

- Option 2: Participant Fee of \$600 paid in 3 installments.** Pay in three installments of \$200 due on 9/24, 11/1, and 21/1. Includes 2 adult Gala tickets, 1 senior participant ticket and recognition in the Gala program. (CREDIT CARD PAYMENT ONLY)

- Option 3: \$1000 Bronze Benefactor.** Includes 4 adult Gala tickets, 1 senior participant ticket, a quarter page customized ad in the Gala program, sponsorship recognition in the program and Hospice Austin newsletter.

- Option 4: \$2500 Silver Benefactor.** Includes 6 adult Gala tickets, 1 senior participant ticket, a quarter page customized ad in the Gala program, sponsorship recognition in the program and the Hospice Austin newsletter.

- Option 5: \$5000 Golden Benefactor.** Includes 10 adult Gala tickets, 1 senior participant ticket, a quarter page customized ad in the Gala program, sponsorship recognition in the program and the Hospice Austin newsletter.

- Option 6: \$10,000 Platinum Benefactor.** Includes 20 adult Gala tickets, 1 senior participant ticket, a quarter page customized ad in the Gala program, sponsorship recognition in the program, website, event signage and the Hospice Austin newsletter.

- Option 7: \$15,000 Hospice Austin Christopher House Room Benefactor.** Includes Name Privileges for a room at Hospice Austin's Christopher House, valet services at event, 20 adult Gala tickets, 1 senior participant ticket, a quarter page ad in the Gala program, sponsorship recognition in the program, website, event signage and the Hospice Austin newsletter.

Gala Advertising (optional)

Les Amis de Hospice Austin is offering advertising opportunities in the Gala program. To purchase an ad, please mark your selection below and add to your total fees. These ads can be a personal tribute to honor your senior or a loved one, or to advertise your business. In addition, you are welcome to send in a photo. All ad copy and artwork including photos and logos must be received by December 17, 2010. Artwork must be in a TIFF, JPG, PDF or EPS format. Hard copy will be scanned. All photos, artwork and text will be printed in black and white. Ad copy/artwork can be emailed to rgoldstein@hospiceaustin.org.

Advertising options in Gala Program for Senior Participants:

- I would like to purchase a quarter page ad in the program for \$150.
- I would like to purchase a half page ad in the program for \$200.
- I would like to purchase a full page ad in the program for \$300.

Advertising options in Gala Program for Benefactors:

- I would like to increase my ad to a half page for \$50.
- I would like to increase my ad to a full page for \$150.

Gala Payment

Senior's Name: _____

Person Responsible for Payment: _____

Credit Card Information:

**Must use a credit card if paying in installments.*

Total Amount Due: _____

Name of Cardholder: _____

Type of Card: MC _____ Visa _____

Billing Address: _____ Zip _____

Phone: _____

Card # _____ - _____ - _____ - _____ Expiration: _____

Signature: _____

Payment may also be made by check payable to *Les Amis de Hospice Austin*.

Please send payment along with
Senior Information Sheet to:

Attn.: Rachel Goldstein/Hospice Austin
4107 Spicewood Springs Rd., Ste. 100
Austin, TX 78759
Ph: 521-342-4791
Fax: 521-795-2803

DEADLINE: September 24, 2010