



**HUDSON HEADWATERS HEALTH NETWORK**

2008



COMMUNITY  
**CHAMPIONS**

DINNER CELEBRATION RESPONSE FORM

Yes, I/we want to help Hudson Headwaters Health Network  
keep quality health care available for everyone  
in the community.

- Individuals \$125
- Honorary Committee \$ 250 per person  
\$ 375 per couple
- Community Patron \$1,000  
(Seating for two/program ad)
- Honorary Table Sponsor \$1,875  
(Seating for ten/program ad)
- Supporter *(I will be unable to attend the dinner, but wish  
to contribute \$ \_\_\_\_\_ to support HHHN.)*

Kindly complete all the information on both sides of this form  
and return it in the enclosed envelope, with checks made payable to:

**HUDSON HEADWATERS HEALTH FOUNDATION**

PO Box 357, Glens Falls, NY 12801

Donor Name(s) to be listed in program

---

Guest Names:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Contact Name \_\_\_\_\_

Corporation/Organization \_\_\_\_\_

Telephone \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_

---

I/We would like to order the following for dinner:

New York Strip Steak (# \_\_\_\_\_ )       Roasted Salmon (w/dijon sauce) (# \_\_\_\_\_ )

Chicken Sorrentino (w/proscuitto) (# \_\_\_\_\_ )       Miso Glazed Japanese Eggplant (# \_\_\_\_\_ )

We will try to accommodate special dietary needs.

My check for \$ \_\_\_\_\_ is enclosed.      (    ) Please contact me about a program ad.

Please bill my credit card     Amex     Visa     MC     Discover

For \$ \_\_\_\_\_ Name on card \_\_\_\_\_

Signature \_\_\_\_\_

Card# \_\_\_\_\_ Expiration \_\_\_\_\_

Kindly complete all the information on this form and return it in the enclosed envelope, with checks made payable to: HUDSON HEADWATERS HEALTH FOUNDATION  
PO Box 357, Glens Falls, NY 12801

For more information, please contact:

Howard Nelson at 761-0300 x160 or hnelson@hhhn.org. Fax:792-4384