

**Interfaith Works'**  
**13<sup>th</sup> Annual County Companies Caring Breakfast**

Complete both sides and return to: [bgarlock@iworksmc.org](mailto:bgarlock@iworksmc.org), T: 301.315.1096, F: 301.762.8773  
114 W. Montgomery Ave., Rockville, MD 20850

**YES**, I want to help **INTERFAITH WORKS** remain strong by supporting the 13<sup>th</sup> Annual County Companies Caring Breakfast on **March 12<sup>th</sup>, 2010**, beginning at **8:00 AM** at the Bethesda (Pooks Hill) Marriott. Please reserve the following for me:

\_\_\_\_\_ **Benefactor: \$5,000**

Preferred table for 9  
Corporate Table Sign  
Corporate Listing with **Logo** in Program Book  
Corporate **Logo** on Event signs

Corporate **Logo** in Ad in *The Gazette*  
Featured in IW's Newsletter (Circ: 7,500)  
Corporate **Logo** on IW's Website

\_\_\_\_\_ **Patron: \$3,000**

Preferred table for 9  
Corporate Table Sign  
Corporate Listing in Program Book  
Corporate Name on Event signs

Corporate Name featured in Ad in *The Gazette*  
Featured in IW's Newsletter (Circ: 7,500)  
Corporate Name featured on IW's Website

\_\_\_\_\_ **Sponsor: \$2,000**

Table for 9  
Corporate Table Sign  
Corporate Listing in Program Book  
Corporate Name on Event signs

Corporate Listing in Ad in *The Gazette*  
Corporate Listing in IW's Newsletter (Circ: 7,500)  
Corporate Listing on IW's Website

\_\_\_\_\_ **Friend: \$1,000**

Table for 9  
Corporate Table Sign  
Corporate Listing in Program Book

Corporate Name on Event signs  
Corporate Listing in Ad in *The Gazette*  
Corporate Listing on IW's Website

\_\_\_\_\_ **I WOULD LIKE TO PURCHASE \_\_\_\_\_ SEATS @ \$100 EACH**

\_\_\_\_\_ **I CANNOT ATTEND, BUT WOULD LIKE TO MAKE A DONATION: \$ \_\_\_\_\_**

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

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

Address: \_\_\_\_\_

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

Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

\_\_\_\_\_ **Check Enclosed. Please make all checks payable to "Interfaith Works"**

\_\_\_\_\_ **Please invoice me at the above address**

\_\_\_\_\_ **Bill me now using credit card information on the reverse side**

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**GUEST LIST**

Please reserve places for the following persons at our table:  
Late guest additions may be phoned or emailed to us.  
Contact: Julie Kirby, [jkirby@iworksmc.org](mailto:jkirby@iworksmc.org) or (301) 315-1092

- |          |              |
|----------|--------------|
| 1. _____ | Title: _____ |
| 2. _____ | Title: _____ |
| 3. _____ | Title: _____ |
| 4. _____ | Title: _____ |
| 5. _____ | Title: _____ |
| 6. _____ | Title: _____ |
| 7. _____ | Title: _____ |
| 8. _____ | Title: _____ |
| 9. _____ | Title: _____ |

\_\_\_\_\_ We will not use all the places at our table.  
Please use our other seats for Interfaith Works' needs.

**For Credit Card Payments:**

Type of card: \_\_\_\_\_

Account Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Name of Cardholder: \_\_\_\_\_

Amount to be Charged: \_\_\_\_\_

Card Holder's Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cardholder's Signature: \_\_\_\_\_