

Second Annual Dinner - Friday, February 12, 2010

Reservation Form – RSVP by February 5, 2010

(Please type or print)

Name: _____

Company (if applicable) _____

Address _____

City _____ State _____ Zip _____

E-mail _____ Phone _____

- Partner Up! Presenting Sponsors – \$15,000**
- In the Spirit of Celebration – \$10,000**
- In the Spirit of Commitment – \$7,000**
- In the Spirit of Partnership – \$5,000**
- Friends of Partner Up, Arizona - Table for 10.....\$1,250**
- Friend of Partner Up, Arizona - \$125; reserve _____ ticket(s) at \$125 per person**
- I am unable to attend. Please accept my donation of \$ _____**
in honor memory of _____

Payment

- I am enclosing \$ _____
- Check, payable to The Partnership for a Drug-Free America, Arizona Affiliate
- Charge to: American Express MasterCard Visa

Please use billing address associated with credit card.

Card Holder Name: _____

Card Number: _____

Expiration Date: _____

Signature: _____

Guest List

Table Host (if applicable): _____

Please help us welcome your guests by providing their names below:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

**Please enter payment/registration information online at www.PartnerUpAz.org/dinner,
or return this form by February 5, 2010**

Mailing address: Partnership for a Drug-Free America, Arizona Affiliate
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Phoenix, AZ 85012

Telephone: 602-264-5700

Fax: 602-264-5704

E-mail: PartnerUp@PartnerUpAz.org