	Sign	is of Hope July 19 201	7					
HOST COMMITTEE CONFIRMATION FORM								
Register online at MaineBehavioralHealthcare.org/Hope								
Yes, I would like to join the 2017 Signs of Hope Host Committee								
	DIAMOND LEVEL HOST COMMITTEE	\$5,000						
	PLATINUM LEVEL HOST COMMITTEE	\$1,500						
	GOLD LEVEL HOST COMMITTEE	\$1,000						
	SILVER LEVEL HOST COMMITTEE	\$500						
	I/we <u>will</u> attend <i>Signs of Hope</i> on July 19 th . My/our committee membership level is indicated above.							
	Guest #1 First and Last Name for Name Tag	Guest #2 First and Last Name for	Name Tag					
	I/we cannot attend but please accept a do	pnation of \$						
			Anonymous					
Print your name(s) as you wish it to appear in event recognition and future publications.								
Busine	ss Name (if applicable)							
	S							
City								
Day Ph		Email						

PAYMENT INFORMATION

Enclosed is my check, payable to Maine Behavioral Healthcare.

	Please check one:	Master Card	Visa	Discover	American Express			
Name	on Card							
Card Number Expiration Date								
CVV Card Holder's Signature								
Main	e Behavioral Healthca _{MaineHe}	Mail your Are Maine Be alth Developm 78 Atlanti		form to: are ortland, ME 04106	em@MaineBehavioralHealthcare.org			