



Sponsor Reply Form

Yes, I/we want to support Hallmark Health System in providing state-of-the art Cardiac & Endovascular care:

Enclosed is my check for \$_____ made payable to Hallmark Health System
Please charge my credit card: VISA [] MC [] AMEX [] DISCOVER []

#_____ Exp. Date: _____ Signed: _____

Sorry, I cannot be a sponsor, but my gift of \$_____ in support of Cardiac & Endovascular care is enclosed.

Your gift is tax deductible to the fullest extent permitted by law.

Company name as you wish it to appear on printed materials: (Please print clearly)

Contact Person: _____ Title: _____

Address: _____

Town, State, Zip: _____ Tel: (____) _____

E-mail address: _____ Fax: (____) _____

Please return to:

Sherry Nadworny
Stride for Health Walk
Fund Development Department
Hallmark Health System
585 Lebanon Street
Melrose, MA 02176

For additional information, call Sherry Nadworny at: (781) 979-6116
Thank you for your consideration.

