

Thank you for your generous support!

Contributor: _____

Address: _____

City: _____ State: _____ Zip: _____

Contact: _____ Title: _____

Phone: _____

Email: _____

Please correct pre-printed information above as needed.

Support Levels:

€ BRONZE sponsors contribute up to \$299

€ SILVER sponsors contribute \$300 - \$499

€ GOLD sponsor s contribute \$500 - \$749

€ PLATINUM sponsors contribute \$750 or above

€ Other Options:

- Personalize your contribution by supporting annual meeting, education event, program or chapter award. Please contact me to discuss.
- Giveaways for events. Please detail type of item(s) and number:

Please submit a check payable to *Philadelphia Regional Chapter/MLA* along with this form in the enclosed pre-stamped envelope.

Contact me if you have questions or would like to discuss a personalized contribution.

Development Coordinator, Philadelphia Regional Chapter/MLA:
Ellen M. Justice
Medical Librarian
Flinn Library (1E60)
Christiana Hospital
4755 Ogletown-Stanton Rd.
Newark, DE 19718
302-733-3181/ ejjustice@christianacare.org