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UPMC Montefiore Hospital  
Suite N-709  
3459 Fifth Avenue  
Pittsburgh, PA 15213-3241



Ladies Hospital Aid Society  
Invites You To

*Come Fly With Us...*

at the 2009 LHAS Gala  
to benefit pancreatic cancer, colon cancer  
and other digestive diseases

Saturday, August 22, 2009



# RSVP

PLEASE RESPOND BY AUGUST 14, 2009

## GALA TICKET PURCHASE

Please reserve \_\_\_\_\_ ticket(s) at \$350 per ticket  
(\$250 per ticket tax deductible)

\_\_\_\_\_ \$ Ticket Total

## BUTTERFLY RECOGNITION

Make a contribution in honor/memory/recognition  
(circle one) of a loved one. A butterfly will be prominently  
displayed at the gala and in the program book.

I would like to purchase \_\_\_\_\_ butterfly(s) at  
\$25 (tax deductible) per butterfly to recognize the  
following person(s):

\_\_\_\_\_ \$ Recognition Total

\_\_\_\_\_  
Name ▲

\_\_\_\_\_  
Name

## UNABLE TO ATTEND

Unfortunately, I am unable to attend, but please accept  
my enclosed tax-deductible contribution.

\_\_\_\_\_ \$ Contribution

## Method of Payment

- American Express    Mastercard    Discover    Visa  
 Check (Payable to LHAS)  
 Online at [www.blacktiepittsburgh.com](http://www.blacktiepittsburgh.com)

\_\_\_\_\_ \$ Total

\_\_\_\_\_  
Credit Card Number ▲

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

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Name on Card

\_\_\_\_\_  
Signature

\_\_\_\_\_  
First and Last Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Phone

\_\_\_\_\_  
E-Mail

\_\_\_\_\_  
First and Last Name(s) of Guest(s)

\_\_\_\_\_  
If possible, please seat me with

\_\_\_\_\_  
Please identify any special dietary needs