



**The Woman's Board of RUSH University Medical Center
30th Annual Spring Luncheon**

Monday, May 12, 2025 | Four Seasons Hotel

Reservation Form

Name: _____

Address: _____

City, State, Zip: _____

Phone: _____ Email: _____

Today's Date: _____

Circle selection:

VIP Gold Table: \$10,000

VIP Gold Ticket: \$1,000

VIP Table: \$7,500

VIP Ticket: \$750

General Admission Table: \$3,000

General Ticket: \$300

Shared or Full Table

of Individual Tickets _____

Guest Names:

1. _____

6. _____

2. _____

7. _____

3. _____

8. _____

4. _____

9. _____

5. _____

10. _____

Total Payment: _____

Payment Options:

Check Enclosed (Please make the check payable to The Woman's Board of Rush University Medical Center.)

Card Type: Visa Mastercard Discover American Express

Card Number _____ Expiration _____ Code _____

Name on Card _____ Billing Zip _____ Signature _____

Please mail this form and payment to The Woman's Board of Rush University Medical Center P.O. Box 7077 Carol Stream, IL 60197-7077