

25TH

THE MARSHALL ENGLAND MEMORIAL PUBLIC HEALTH AWARDS GALA

☐ **I WILL attend** the Gala event on May 11, and enclosed is my check.

☐ **I CANNOT attend** the Gala event on May 11, but enclosed is my check.

Please **RSVP** by April 29, 2016. For more information, call **212.246.0803** or email **cphsnyc@gmail.com**.

NAME: _____

ORGANIZATION: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____

EMAIL: _____

Thank you for your support!

My tax exempt contribution is enclosed – all contributions will be listed in the e-journal.

☐ Ticket prices – \$175

☐ 1 table (seats 10) – \$1,725

☐ 2 tables (seats 20) – \$3,450

☐ 3 tables (seats 30) – \$4,775

☐ 4 tables (seats 40) – \$6,900

Please make checks payable to:
Commission on the Public's Health
System, Inc.

cphs* 45 Clinton Street,
New York, NY 10002