

For the

Please Join Us

11th Annual

Groundhog Benefit Auction & Breakfast



When: SATURDAY, JANUARY 28, 2012

Where: Executive Court Conference Center, 1199 S. Mammoth Rd., Manchester, NH

Time: 8:30 a.m. - Noon

***FEATURES SILENT & LIVE AUCTION ITEMS, BASKET RAFFLES, A 50/50, GAMES, AND SO MUCH FUN!**

100% of the proceeds will be utilized to provide charitable mental health services for those in the community who are in need

Choose Ticket Options:

1. **Regular Admission:** (includes breakfast) **\$22.00 per person \$160.00 Reserved Table for 8**

2. **Benefactor Admission:**

Ticket to Recovery – \$50 per person; Includes special VIP check-in, buffet breakfast, basket raffle tickets (arm's length), and a game piece for each of the event day games.

Circle of Hope – \$400 Reserved Table; Includes all benefits of the Ticket to Recovery admission for each member of your party (up to 8), program recognition and a reserved table in prominent location.

***Please note; the breakfast requires advance registration.** If you would like a confirmation, be sure to include your e-mail address. Upon arrival, please **check in** at the registration table.

Name: _____

Address: _____

Telephone: _____ E Mail: _____

I would like attend the auction:

Regular Admission: # _____ **\$22.00** (or \$20 per person for two or more) # _____ **\$160.00/Table for 8**

Benefactor Admission: # _____ **\$50.00 Ticket to Recovery** # _____ **\$400.00 Circle of Hope/Table for 8***

Total \$ _____ (Please make checks payable to MHCGM)

I am unable to attend, but please accept my donation of \$ _____ as a "FRIEND" of MHCGM

PLEASE RETURN TO: MHCGM, ATTN: DEVELOPMENT OFFICE, 401 CYPRESS STREET, MANCHESTER, NH 03103

BY: **SATURDAY, JANUARY 21, 2012.** *FOR TABLES, PLEASE PROVIDE NAMES OF ATTENDEES WITH RSVP (use back of form)

Please **charge** my (circle one) **MASTERCARD** **VISA** **DISCOVER** **TOTAL CHARGE \$ _____**

CARD # _____ EXP. _____

SIGNATURE (REQUIRED) _____

CREDIT CARD RESERVATIONS CAN ALSO BE MADE BY CALLING (603) 206-8563 OR; REGISTER ONLINE AT WWW.MHCGM.ORG