



Payment Form

Urban Health Institute - 3rd Annual Celebrity Poker Tournament May 17, 2008

Payment Information (please print or type)

Name	
Address	
City, State	
ZIP Code	
Telephone	
Fax	
E-Mail	

Type of payment : (payments are tax-deductible a receipt of charitable donation will be mailed to above address)

___ MasterCard/Visa ___ American Express ___ Check ___ Cash (payable to UHI)

Card Number _____ exp _____ 3 digit _____

___ entries @ \$1,500 = _____ ___ general admission @ \$ 500= _____

Total Amount Due _____

I authorize the Urban Health Institute to charge the above listed credit card \$ _____ for the 3rd Annual Celebrity Charity Poker Tournament at the Playboy Mansion.

Authorized Signature

Date

All ticket purchases and donations are non refundable and non transferable. If you have purchased your ticket using American Express, this purchase will appear on your statement as "Crenshaw Expo Medical Center"

Name of Poker Players:

_____	_____
_____	_____

Name of guests (general admission)

_____	_____
_____	_____

Please fax payment form to 323-446-7687. Payments may also be mailed to: Yvette McNally c/o Urban Health Institute 6709 LaTijera Blvd. #613 Los Angeles, CA 90045