RESERVATION FORM

Please reserve ____ places for the 2012 Indiana Journalism Hall of Fame induction banquet on Saturday, April 28, 2012. $40 per person / $320 per table of eight

Deadline for reservations is April 20

Name: ____________________________________________
Address: __________________________________________
_________________________________________________

Daytime Phone: ____________________________________
E-mail address (for confirmation): ________________

Names of table guests (including yours):  Vegetarian (V)
  GlutenFree (GF)
1. ________________________________________________  ______
2. ________________________________________________  ______
3. ________________________________________________  ______
4. ________________________________________________  ______
5. ________________________________________________  ______
6. ________________________________________________  ______
7. ________________________________________________  ______
8. ________________________________________________  ______

Total Number of Reservations @ $40 = $ __________

(See reverse)
Please consider adding your level of support. Gifts “in honor of” or “in memory of” are welcome and will be listed in the program if received by April 16.

**RECOGNITION LEVELS**

<table>
<thead>
<tr>
<th>Recognition Level</th>
<th>Amount</th>
<th>Payment Method</th>
</tr>
</thead>
<tbody>
<tr>
<td>Helene Foellinger Reporter</td>
<td>$25+</td>
<td>$ ______</td>
</tr>
<tr>
<td>Bob Collins Sports Fan</td>
<td>$100+</td>
<td>$ ______</td>
</tr>
<tr>
<td>Eugene C. Pulliam Publisher</td>
<td>$250+</td>
<td>$ ______</td>
</tr>
<tr>
<td>Ernie Pyle Buddy</td>
<td>$500+</td>
<td>$ ______</td>
</tr>
</tbody>
</table>

- This donation is made:
  - “In honor of”    - “In memory of” ________________

- You may list my/our name(s) as donor(s) as follows:
  ________________________________________________

- Please list this gift as “anonymous”

Make checks payable to
Indiana Journalism Hall of Fame
or
Visa/MC #: ________________________________
Expiration Date: _________ 3 Digit Security Code: ____
Name on the credit card: ________________________________

**Return completed form to:**
Indiana Journalism Hall of Fame, Ernie Pyle Hall 215, 940 E. Seventh St., Bloomington, IN 47405-7108