

THANK YOU FOR YOUR SUPPORT

Sesquicentennial Gala

_____ SINGLE TICKETS
\$200 PER PERSON

_____ PATRON TICKETS
\$300 PER PERSON

_____ PATRON TABLE OF 10
\$3,000 (PLEASE LIST YOUR
GUESTS ON THE REVERSE SIDE)

_____ I AM UNABLE TO ATTEND BUT WOULD LIKE TO SUPPORT
ST. JOSEPH'S HEALTH FOUNDATION EFFORTS TO HELP
FUND NEONATAL INTENSIVE CARE UNIT.

CHECK MADE TO ST. JOSEPH'S HEALTH FOUNDATION ENCLOSED FOR \$ _____ FOR _____ TICKETS _____ DONATION

PLEASE CHARGE \$ _____ TO MY CREDIT CARD _____ VISA _____ MASTERCARD _____ AMERICAN EXPRESS _____ DISCOVER

NAME ON CARD _____ CARD NUMBER _____

EXP. DATE _____ CVC _____ SIGNATURE _____

CONTACT:

NAME _____ ORGANIZATION NAME _____

ADDRESS CITY & STATE _____ ZIP _____

PHONE () _____ EMAIL _____

INFORMATION: FOUNDATION@SJHSYR.ORG OR 315.703.2137

**KINDLY RSVP BY
MAY 3, 2019**

*Sesquicentennial
Gala*

PLEASE LIST THE FULL NAMES OF YOUR DINNER GUESTS:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

PLEASE CONTACT US WITH ANY DIETARY RESTRICTIONS, QUESTIONS OR TO RSVP AT 315.703.2137 OR FOUNDATION@SJHSYR.ORG