

RIVERWOOD HEALTHCARE CENTER  
RSVP

KINDLY RESPOND BY OCTOBER 5, 2018

- ☐ YES! I WOULDN'T MISS IT! SEND ME \_\_\_\_\_ TICKETS AT \$100 EACH
- ☐ I WOULD LIKE TO BE A \_\_\_\_\_ SPONSOR (LEVELS ON INVITATION)
- ☐ I WOULD LIKE TO BE A TABLE SPONSOR FOR \$1,000  
(INCLUDES 8 TICKETS, SPONSORSHIP RECOGNITION & RESERVED SEATING)
- ☐ I CAN'T ATTEND, BUT PLEASE ACCEPT MY DONATION OF \$ \_\_\_\_\_

GUEST 1 NAME \_\_\_\_\_ GUEST 2 NAME \_\_\_\_\_

GUEST 3 NAME \_\_\_\_\_ GUEST 4 NAME \_\_\_\_\_

GUEST 5 NAME \_\_\_\_\_ GUEST 6 NAME \_\_\_\_\_

GUEST 7 NAME \_\_\_\_\_ GUEST 8 NAME \_\_\_\_\_

CONTACT NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_

EMAIL \_\_\_\_\_ PHONE \_\_\_\_\_

PAYMENT TYPE: ☐ CASH ☐ CHECK ☐ VISA ☐ MASTERCARD ☐ DISCOVER

CREDIT CARD: \_\_\_\_\_

EXP DATE: \_\_\_\_\_ CVV \_\_\_\_\_ ☐ PLEASE INVOICE ME