

**55th ANNUAL MARDI GRAS BALL
SPONSORSHIP RESERVATION FORM**



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We hereby reserve the following sponsorship(s) at
St. Rose Dominican Hospitals' 55th Annual Gala
Saturday, March 17, 2012 – The Mirage Hotel
6:00 PM Cocktail Reception followed by 7:30 PM Dinner

Sponsorship Levels

Presenting Sponsorship (two tables)	_____ each at \$25,000
Platinum Sponsorship (two tables)	_____ each at \$15,000
Gold Sponsorship (one table)	_____ each at \$10,000
Silver Sponsorship (one table)	_____ each at \$7,500
Bronze Sponsorship (one table)	_____ each at \$5,000
Full Page Color Program Ad Sponsorship	_____ each at \$2,500
Individual Ticket	_____ each at \$500
Raffle Tickets	_____ \$25 each or 5 for \$100

Regrets, but please accept my donation of \$ _____

Total Due \$ _____

Printed Name _____

Signed _____ Date _____

Payment: Please mail invoice to the above address Please charge to the credit card below

Make Checks Payable to: St. Rose Dominican Health Foundation

Master Card/Visa/American Express/Discover (*please circle the card you wish to use*)

Card Number _____ Expiration Date _____

Cardholders Name (*please print*) _____

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Mail or Fax Completed Form to:
St. Rose Dominican Health Foundation
3001 St. Rose Parkway; Henderson, NV 89052
Fax: (702) 616-5751

For additional information you may contact Barbara Davis at (702) 616-5762 or barbara.davis@chw.edu



St. Rose Dominican Health Foundation

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www.supportstrose.org