

Celebration Gala

ST. ROSE DOMINICAN'S 66TH

SATURDAY, APRIL 20, 2024 | 6:00 P.M.
CAESARS PALACE HOTEL & CASINO

REGISTRATION FORM

Please fax this completed form to **702.616.4405**;
mail to St. Rose Dominican Health Foundation, 102 E. Lake Mead Pkwy., Henderson, NV 89015
Attention: Barbara Davis; or email to: **Barbara.Davis@dignityhealth.org**

Name _____

Organization _____

Address _____

City _____ State _____ Zip _____

Email Address _____

Mobile Phone _____ Work Phone _____

I am unable to participate, but would like to make a donation. Donation amount \$ _____

- | | | |
|---|---|--|
| <input type="checkbox"/> Humankindness Sponsor - \$75,000 | <input type="checkbox"/> Wizard of Oz Sponsor - \$50,000 | <input type="checkbox"/> Emerald City Sponsor - \$30,000 |
| <input type="checkbox"/> Ruby Slippers Sponsor - \$15,000 | <input type="checkbox"/> Yellow Brick Road Sponsor - \$10,000 | <input type="checkbox"/> Land of Oz Sponsor - \$5,000 |
| <input type="checkbox"/> Full-Page Color Program Ad - \$2,500 | <input type="checkbox"/> Individual Ticket - \$500 | |

Payment Type: Cash Check* Charge Invoice

Please bill my credit card: Visa Mastercard American Express

Card # _____ Exp. Date _____

Name on Card _____

Address _____

City _____ State _____ Zip _____

Signature _____ Date _____

***Make checks payable to St. Rose Dominican Health Foundation**

Thank you for supporting Dignity Health - St. Rose Dominican. Once we receive your completed form, a representative from the Health Foundation will contact you to discuss event arrangements, sponsorship benefits, and recognition.



**St. Rose Dominican
Health Foundation**

A Dignity Health Member

Contributions to the St. Rose Dominican Health Foundation may be tax-deductible pursuant to the provisions of section 170(c) of the Internal Revenue Code of 1986, 26 U.S.C. § 170(c).

All proceeds directly support southern Nevada's only nonprofit, faith-based healthcare system.