



11th Annual Celebration of Hope & Progress
"Celebrating our roots in the community"

Ticket Reservation Form

Name _____
(Print name as it should appear on event-related materials)

Phone _____ Email _____

Levels of Support

Benefactor \$50,000

- 20 gala tickets with premium seating, or 16 tickets with 4 assigned guests of distinction
- 20 invitations to the Gala Kick-Off
- Special acknowledgement in Sibley's Honor Roll of Giving

Patron \$25,000

- 10 gala tickets with preferred seating, or 8 tickets with 2 assigned guests of distinction
- 10 invitations to the Gala Kick-Off
- Special acknowledgement in Sibley's Honor Roll of Giving

Supporter \$10,000

- 4 gala tickets with preferred seating
- 4 tickets to the Gala Kick-Off
- Special acknowledgement in Sibley's Honor Roll of Giving

Sustainer \$5,000

- 2 gala tickets with preferred seating
- 2 invitations to the Gala Kick-Off

Associate \$2,500

- 2 gala tickets
- 2 invitations to the Gala Kick-Off

Guest \$500

- 1 gala ticket
- 1 invitation to the Gala Kick-Off

For tax purposes, the non-deductible amount per ticket is \$185.

How many tickets will you be using? _____ We **will not** be using our tickets. _____

Payment Information

- Enclosed is a check.
- I/We pledge our support of \$ _____ and will send payment on _____.
(Date)
- Please charge \$ _____ to my:

Visa MasterCard American Express Discover

Card number _____

Expiration date _____ Security Code _____

Address _____

Print cardholder name _____

Signature _____ Date _____

Please make checks payable to **Sibley Memorial Hospital Foundation** and return, with this form, in the envelope provided.

Thank you for supporting Sibley Memorial Hospital.