

Event REPLY



NAME (PLEASE PRINT)

COMPANY NAME (IF APPLICABLE)

CONTACT NAME (IF APPLICABLE)

ADDRESS

CITY

STATE

ZIP CODE

PHONE NUMBER

EMAIL ADDRESS

I/we will attend the 2016 Friends of the Fight on October 22, 2016
at **\$100 per ticket:** _____ (NUMBER OF TICKETS)

I/we will support the Assistance in Healthcare with the following **sponsorship level:**

WORLD TRAVELER SPONSOR \$30,000

JET SETTER SPONSOR \$20,000

GLOBETROTTER SPONSOR \$15,000

ADVENTURER SPONSOR \$10,000

VOYAGER SPONSOR \$7,500

EXPLORER SPONSOR \$5,000

WANDERER SPONSOR \$2,500

TOURIST SPONSOR \$1,000

PIONEER SPONSOR \$500

FUND-A-PATIENT

VALUE \$:

DESCRIPTION:

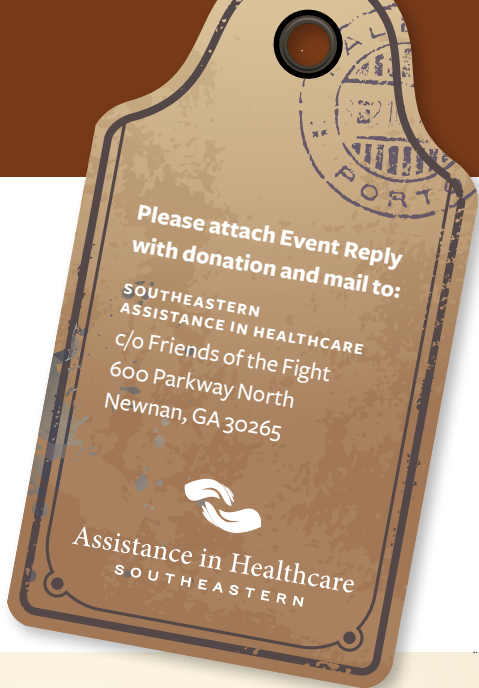
\$50 \$100 \$250 \$500

\$1,000 \$2,500 \$5,000

PAYMENT ON BACK 

PAYMENT

- Check enclosed made payable to
Southeastern Assistance in Healthcare
- Unable to attend, but please accept a
TAX DEDUCTIBLE DONATION of
\$ _____
- Please charge \$ _____
to my account



FOLD HERE

VISA MASTERCARD AMERICAN EXPRESS

CREDIT CARD NUMBER

EXP. DATE

NAME ON CARD

SIGNATURE



**Sponsorship RSVP must be received by
September 26th, 2016**