

Dear Sponsor, Supporter, or Full Table Purchase:

The “Hearts for Our Hospital” gala committee is working very hard to make February 20 signature event an evening to remember. A key element is to provide you with pre-registered tickets and reserved seating. As a sponsor or you have purchased an entire table, we request that you complete the requested information below and return it to us as soon as possible. Thank you again for your help in supporting our community hospitals.

1. Name: \_\_\_\_\_ (If couple- 2 tickets, indicate two first names)

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

2. Name: \_\_\_\_\_ (If couple- 2 tickets, indicate two first names)

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

3. Name: \_\_\_\_\_ (If couple- 2 tickets, indicate two first names)

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

4. Name: \_\_\_\_\_ (If couple- 2 tickets, indicate two first names)

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

5. Name: \_\_\_\_\_ (If couple- 2 tickets, indicate two first names)

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

6. Name: \_\_\_\_\_ (If couple- 2 tickets, indicate two first names)

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

7. Name: \_\_\_\_\_ (If couple- 2 tickets, indicate two first names)

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

8. Name: \_\_\_\_\_ (If couple- 2 tickets, indicate two first names)

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Table’s Name or Sponsoring Group’s Name:** \_\_\_\_\_ **E-mail Address:** \_\_\_\_\_