

Puttin on the Glitz RSVP by October 20, 2024

Name _____

Address _____

City _____ ST _____ ZIP _____ Phone: _____

Email _____

_____ Reservation(s) \$75 per person

_____ Table of 8 \$600 _____ Table of 10 \$750

_____ I/We are unable to attend, please accept a donation of \$ _____

_____ 50/50 Raffle Tickets 1 for \$20 or 3 for \$50

_____ Raffle Tickets 5 for \$20 or 15 for \$50

Please provide dietary restrictions _____

Sponsorships Levels	_____ Event Sponsor (\$1,000)	_____ Angel (\$150)
	_____ Co-Sponsor (\$500)	_____ Guardian (\$100)
	_____ Archangel (\$300)	_____ Benefactor (\$75)

Enclosed is \$ _____ Make checks payable to Lightways Hospice Guild. Mail payment along with RSVP card in the enclosed envelope or register online at lighways.org.

PLEASE LIST NAMES OF ATTENDEES ON BACK OF THIS CARD.

Seating will be arranged for tables of 8 or 10.
Every effort will be made to accommodate your request.

_____ Please arrange my table seating.

_____ I wish to be seated with the persons listed below.

Lightways Hospice Guild thanks you for your generosity!