

CASINO NIGHT REGISTRATION



SPONSORSHIP LEVEL	TICKETS	DONATION	TOTAL
Royal Flush	12	\$10,000	\$
Full House	8	\$5,000	\$
Ace	6	\$2,500	\$
King	4	\$1,000	\$
Queen	2	\$500	\$
Wild Card Donation	N/A	Your call	\$
Pick Your Trip Raffle	_____ x \$100 =		\$
Event Tickets	_____ x \$95 =		\$
TOTAL:			\$

Do you plan on using your tickets? Yes No
Please provide your guests information below.

* If you don't have your guests' names yet, please email them to payitforwardfund@gmail.com by January 17.

1. Name: _____	Cell: _____	5. Name: _____	Cell: _____
2. Name: _____	Cell: _____	6. Name: _____	Cell: _____
3. Name: _____	Cell: _____	7. Name: _____	Cell: _____
4. Name: _____	Cell: _____	8. Name: _____	Cell: _____

Sponsors and donors will receive recognition in printed materials.

How would you like to be listed in printed materials? _____

Please provide your contact information for questions and tax receipt. \$50 of each ticket is tax deductible.

Name: _____ Company: _____

Address: _____

City: _____ State: _____ ZIP: _____

Email: _____ Phone: _____

Pay by Check

Payable to: *Pay It Forward Fund*
Pay It Forward Fund
490 S. Maple Street, Suite 110
Waconia, MN 55387

Pay by Credit Card

Circle one: VISA MC AMEX DISCOVER

Card Number: _____

Expiration Date: _____ CSV: _____

Signature: _____

Questions?

Call 952-777-5100
Email payitforwardfund@gmail.com
Or visit www.payitforwardfund.net

Pay It Forward Fund is a partner of **RIDGEVIEW**
Foundation

Cancer doesn't care if you get behind on your bills. WE DO.