

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 24th.*

1. Name: _____ Cell: _____
 2. Name: _____ Cell: _____
 3. Name: _____ Cell: _____
 4. Name: _____ Cell: _____

5. Name: _____ Cell: _____
 6. Name: _____ Cell: _____
 7. 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: _____

Pay It Forward Fund is a partner of



QUESTIONS? Please email payitforwardfund@gmail.com, call 952-442-6010, or visit www.payitforwardfund.net.

Cancer doesn't care if you get behind on your bills. We do.