

# 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 \$115 =		\$
<b>TOTAL:</b>			<b>\$</b>

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](mailto:payitforwardfund@gmail.com) by January 23.

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](mailto:payitforwardfund@gmail.com)  
Or visit [www.payitforwardfund.net](http://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.**