

Party

WITH A PURPOSE

Indiana Roof Ballroom

Life ON THE EDGE

FRIDAY
SEPT 13
2019

 **Franciscan HEALTH**
FOUNDATION

Register online by visiting www.FranciscanHealthFoundation.org and select 'EVENTS'.
For more information contact Kelle Neibert at (317) 528-7807 or Kelle.Neibert@franciscanalliance.org

Contact Name: _____

Company Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Daytime Phone: _____ Email: _____

Adventure Level

(Additional information in Sponsorship Narrative form)

| | |
|---|----------|
| <input type="radio"/> Boundless Joy (1 available) | \$25,000 |
| <input type="radio"/> Brave Souls (2 available) | \$15,000 |
| <input type="radio"/> Feats of Strength (3 available) | \$10,000 |
| <input type="radio"/> Head over Heels (7 available) | \$8,000 |
| <input type="radio"/> Leap of Faith (6 available) | \$6,000 |
| <input type="radio"/> Goose Bumps | \$4,000 |
| <input type="radio"/> Out on a Limb | \$2,000 |

*Please return the completed form with payment by
Friday, Aug. 30, 2019*

Mail: Franciscan Health Foundation
Attn: Kelle Neibert
5255 E. Stop 11 Road, Suite 245
Indianapolis, IN 46237

Phone: (317) 528-7807
Fax: (317) 528-6521

Scan/email: cifoundation@franciscanalliance.org
Online: www.FranciscanHealthFoundation.org

Individual Event Tickets (Fill in quantity)

____ Individual tickets \$250
____ Franciscan Health Employee tickets \$150

Payment Information (Please make check payable to FH Foundation)

Sponsorship Total: \$ _____ Individual Ticket Total: \$ _____ **GRAND TOTAL: \$ _____**

____ Cash ____ Check ____ Visa/MasterCard/AMEX/Discover ____ Please invoice me

Name on Card: _____

Card Number: _____ Exp. Date: _____ CVV: _____

Signature: _____