

# SEATS ARE LIMITED!

*Seating preference given for early ticket orders.*

I would like to purchase:

|                 |              | Quantity | Total    |
|-----------------|--------------|----------|----------|
| Ticket(s)       | \$150 each   | _____    | \$ _____ |
| Table(s) for 10 | \$1,500 each | _____    | \$ _____ |

Sponsor Tables:

|                |          |                                    |       |          |
|----------------|----------|------------------------------------|-------|----------|
| Bassinette     | \$3,500  | <i>Preferred Seating and More!</i> | _____ | \$ _____ |
| Bronze Booties | \$5,000  | <i>Upgrades to Above!</i>          | _____ | \$ _____ |
| Silver Cup     | \$10,000 | <i>Premiere Seating and More!</i>  | _____ | \$ _____ |
| Silver Spoon   | \$15,000 | <i>Exclusive Seating and More!</i> | _____ | \$ _____ |

I/we are unable to attend. Please accept a 100% tax-deductible donation to support the NICU. \$ \_\_\_\_\_

**Grand Total** \$ \_\_\_\_\_

\_\_\_\_\_  
Name (contact person) Phone

\_\_\_\_\_  
Company E-mail address

\_\_\_\_\_  
Address City State Zip Code

Enclosed is my check payable to Antelope Valley Hospital Foundation

Please charge my:  Visa  MasterCard

Acct. No. \_\_\_\_\_ Exp. \_\_\_\_\_ Signature \_\_\_\_\_

Please list guest names on the back and return this form with your payment to Antelope Valley Hospital Foundation, 1600 W. Avenue J, Lancaster, CA 93534. All gifts will be recognized in the gala's printed program. Thank you for your support!

## NAMES AND SEATING PREFERENCE

Each guest will receive a numbered ticket that indicates their assigned table.

The following people will attend as our guests.

We prefer to be seated with those listed below.

NAME PHONE

ADDRESS

CITY STATE ZIP

NAME PHONE

ADDRESS

CITY STATE ZIP

NAME PHONE

ADDRESS

CITY STATE ZIP

NAME PHONE

ADDRESS

CITY STATE ZIP

NAME PHONE

ADDRESS

CITY STATE ZIP

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