



Thank you for registering for the Spirit of Giving Gala. Cost per ticket is \$100. Tickets include VIP Experience (personal invitation to follow), dinner, and entertainment. You will not need a physical ticket for the event.

Please make checks payable to the Sleepy Eye Healthcare Foundation.

Please fill out the following information:

Name (first and last): _____

Mailing Address: _____

Phone number: _____

Email Address: _____

Names and Address of Additional Guests (please see back if additional space is needed):

1. _____

2. _____

3. _____

4. _____

Office Use Only

Method of payment: Check Cash Card

Date of payment: _____

5. _____

6. _____

7. _____

8. _____
