



85th Anniversary Gala Celebration

LSUHSC School of Nursing
 3 Day Event starting Friday, November 16, 2018
 Saturday, November 17th
 Sunday, November 18th
 Harrah's Casino and Resort
 228 Poydras Street, NOLA

Wine and Cheese Tour, Friday, November 16th

6:00pm - 7:30pm
 Wine and Cheese tour of LSUHSC School of Nursing
 1900 Gravier Street
 Sponsored by the Nursing Alumni Association

Your name _____
 Number of guests _____
 Address _____
 (email address) _____

Gala Celebration Saturday, November 17th

Harrah's Hotel & Casino Resort
 Vieux Carre Ballroom
 Sponsors Patron Party – 6:00pm - 7:00pm
 GALA starting – 7:00pm - 10:00pm
 Music by NOLA Dukes

Individual Gala Ticket \$85.00
 Student Gala Ticket \$45.00
 Brunch and Gala Ticket \$125.00

Sunday Brunch, November 18th

Harrah's Hotel & Casino Resort
 Vieux Carre Ballroom
 9:00am - 11:00am
 Individual Brunch Ticket \$55.00
 Student Brunch Ticket \$30.00
 Brunch and Gala Ticket \$125.00

Information on Harrah's Hotel Stay
Call 877-466-7847
Group Code S11LSU8

Sponsorship Levels

Deans Gold Circle

Donation of \$2,500
 Seated Table at Patron Party
 Includes 10 tickets and Program Recognition

Nursing Philanthropy Circle

Donation of \$1,500
 High-Top Table at Patron Party
 Includes 6 tickets and Program Recognition

Nightingale Circle

Donation of \$1,000
 Admittance to Gala 4 tickets
 Program recognition

Clara Barton Circle

Donation of \$500.00
 Admittance to Gala 3 tickets
 Program recognition

Walt Whitman Circle

Donation of \$250.00
 Admittance to Gala 2 tickets
 Program recognition

Joyce Travelbee

Donation of \$100.00
 Admittance to Gala 1 ticket
 Program recognition

(please check the box)

Individual Gala Ticket: \$85.00 x _____
 Individual Brunch Ticket: \$55.00 x _____
 Combined Brunch and Gala Ticket: \$125.00 x _____
 Number of tickets requested: _____
 No charge for Friday night tour of nursing school

I am unable to attend or plan to attend and I want to make a tax-deductible donation.

Please accept my contribution of \$ _____

Name: _____

Address: _____

Email: _____

Phone Number: _____

Checks payable to: **LSU Health Foundation New Orleans**

Mail to: LSUHSC School of Nursing

Attention: Dr. Demetrius Porche

1900 Gravier St. 4th Floor

New Orleans, LA 70112

Payment by Credit card:

<https://give.lsuhealthfoundation.org/Nursing85Gala>