The LSUHSC Nursing Alumni Association invites you to join us in celebrating the 75th anniversary of the School of Nursing.

**LSUHSC School of Nursing**

**75th Anniversary Gala**

**Saturday, March 20, 2010**

**7-10 PM**

**Pat O’s on the River**

**3rd Floor, Jax Brewery**

**Buffet Dinner and Full Open Bar**

**Entertainment by Four Unplugged**

Proceeds to benefit the LSUHSC Nursing Alumni Association **Nursing Scholarship Fund**

Please return this form to: Nursing Alumni of LSUHSC, Box G4, 1900 Gravier St., New Orleans, LA 70112.

Tickets will not be mailed. Please check in at the Gala registration tables. Supporters and visionaries will receive written acknowledgement for IRS documentation purposes.

**Visionaries: $1000**

($900 is tax-deductible to the extent allowed by law) Includes 2 tickets, 2 reserved seats in your choice of location, special program recognition, and commemorative lapel pin.

Name as you wish it to be listed in the program:

________________________

**Supporters: $500**

($400 is tax-deductible to the extent allowed by law) Includes 2 tickets, 2 reserved seats in a designated location, special program recognition

Name as you wish it to be listed in the program:

________________________

**Friends: $50 per ticket**

I am unable to attend or plan to attend and want to make a tax-deductible contribution so a nursing student(s) can attend.

Please accept my contribution of $___________________.

Enclosed is my check in the amount of $_____________, payable to Nursing Alumni of LSUHSC.

Please charge $____________________ to:

☐ VISA  ☐ Mastercard  ☐ American Express  ☐ Discover

Card number: ___________________________  Exp date: ____________

Name as it appears on card (please print):

_____________________________________

Address:

_____________________________________

Phone Number: (___________)_____________________________

Cardholder’s signature:

_____________________________________

Email address so that we may confirm receipt of payment:

_____________________________________

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