

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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