



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>