REGISTRATION FORM

Register by **Friday**, **August 21**, **2020**, at the Bronze level or higher to ensure your name is included in the official event invitation. To guarantee name placement in the printed on-site program, registration must be received by **Friday**, **October 9**, **2020**.



CONTACT INFORMATION		GUEST NAMES		
		1.		6.
☐ Mr. ☐ Ms. ☐ Mrs. ☐ Dr		2.		7.
Company		3.		8.
Address		4.		9.
City State Preferred Phone Email		5.		10.
OPPORTUNITIES TO SUPPORT THE HOLY CROSS HEALTH CANCER INSTITUTE				
TICKETED OPTIONS			NON-TICKETED OPTIONS	
HOST - \$50,000 20 tickets at two dedicated premium tables, special recognition on the event's webpage, and on-site signage and recognition during the program.	SILVER - \$10,000 10 tickets to a dedicated table and special recognition on the event's webpage and on-site signage. (Tax deductible \$7,700)		COCKTAIL RECEPTION - \$15,000 Exclusive signage in designated area, special recognition on the event's webpage and recognition during the program. (100% tax deductible)	
(Tax deductible \$45,400) PLATINUM - \$25,000 12 tickets at a dedicated premium table, special recognition on the event's webpage,	BRONZE - \$5,500 10 tickets to a dedicated table and recognition on the event's webpag (Tax deductible \$3,200)	•		TION - \$10,000 inated area, special recognition on recognition during the program.
and on-site signage and recognition during the program. (Tax deductible \$22,250) GOLD - \$15,000 10 tickets to a dedicated table, special recognition on the event's webpage, and on-site signage and recognition during the program. (Tax deductible \$12,700)	☐ BENEFACTOR - \$2,200 4 tickets and special recognition on the event's webpage. (Tax deductible \$1,300) ☐ INDIVIDUAL - \$525 \$525 per person x = \$		ENTERTAINMENT - \$10,000 Exclusive signage in designated area, special recognition on the event's webpage and recognition during the program. (100% tax deductible)	
			PHOTO BOOTH - \$5,000 Exclusive signage in designated area, special recognition on the event's webpage and recognition during the program. (100% tax deductible)	
☐ I/we cannot attend, but would like to make a tax-deductible contribution to the Holy Cross Health Cancer Institute.				
\$5,000 \$2,500	\$1,000	\$500	\$125	Other
PAYMENT Save your completed form and email it				
This is: An individual donation A company donation: Company name:			TO ERIC.MILLER@HOLYC	CROSSHEALTH.ORG
☐ Check \$, made payable to Holy Cross Health Foundation ☐ Please invoice me \$			Holy Cross Health Foundation 10720 Columbia Pike Silver Spring, MD 20901 Phone: 301-754-7101	
☐ Credit Card \$			HolyCrossHealth.org/BlueTieBall	
			HC HOLY CROSS HEALTH FOUNDATION	
☐ Visa ☐ MasterCard ☐ American Express ☐ Discover Acct. #Exp. Date			HEALTH FOUNDA	TION
Address			Your contact information will be added to our mailing list. If you would like to be removed from our mailing list, please call 301-754-7870 or mail your request to: Holy Cross Health, Privacy Official, 1500 Forest Glen Road, Silver Spring, Maryland 20910.	
City State Zip				
Name on Card			The Holy Cross Health Foundation is a 501 (c)(3) tax-exempt charitable organization (Federal Tax ID No. 20-8428450). Your contribution is tax deductible to the extent	
Signature Date		р	urposes is limited to the amount contrib	ution that is deductible for federal income tax buted, reduced by the value of any goods or aintains the right to use photos and/or video

taken during the event for promotional purposes.

By completing the "Signature" field, you authorize the Holy Cross Health Foundation to process your payment.