



HealthPAC

**2016 Contribution Form & Fundraising Gala Dinner Registration**

Thursday, September 8, 2016  
Cocktails 6:00 P.M. - 6:30 P.M.  
Gala Dinner 6:30 P.M. - 8:30 P.M.  
Harrah's South Lake Tahoe

***A minimum contribution of \$125 is necessary to attend the Gala Dinner.***

***Contributions to Nevada HealthPAC are not deductible as charitable contributions for federal income tax purposes.***

Please Print Clearly: (contributor information is required for federal reporting purposes and must be completed)

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Hospital/Organization (to receive credit for your contribution): \_\_\_\_\_

Business Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Select your contribution level and indicate your desire to attend the Fundraising Gala Dinner:**

- \$500 Chairman's Circle:** Includes two tickets, preferred seating with legislators or special invited guests and special acknowledgment at the Fundraising Gala Dinner and throughout the Annual Meeting.
- \$350 Capitol Club Member:** Includes two tickets, preferred seating and special acknowledgment at the Fundraising Gala Dinner and throughout the Annual Meeting.
- \$250 Silver State Club Member:** Includes one ticket, preferred seating at the Gala Dinner and special recognition throughout the Annual Meeting.
- \$125 - 249 HealthPAC Member:** Includes one ticket to the Gala Dinner and special recognition throughout the Annual Meeting.
- Under \$125 Friends of HealthPAC:** Includes special recognition throughout the Annual Meeting.

**Dinner Attendance (please mark one):**

- Yes, I will attend the Fundraising Gala Dinner and will have \_\_\_\_\_ guest(s).
- No, I will not be attending the Fundraising Gala Dinner.

**Payment Information: Today's Date** \_\_\_\_/\_\_\_\_/\_\_\_\_

- I have enclosed a contribution check made payable to the Nevada HealthPAC.
- Please charge the above amount to my  VISA or  MasterCard in the amount of \$\_\_\_\_\_

Name on Card: \_\_\_\_\_ Signature: \_\_\_\_\_

Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_/\_\_\_\_ Security Code: \_\_\_\_\_

Billing Address: \_\_\_\_\_