



Mardi Gras Jazz Gala

Sponsor Name _____

(as you would like it to appear in recognition listings)

Contact Name _____

Address _____

City _____ St _____ Zip _____

Phone _____ Email _____

Sponsorship Opportunities:

- Gold Bead Sponsor - \$1,250
 - Table of 8
 - Preferred Seating
 - Signage
 - 1/2 page Full Color ad in Program
Ad size 5 in. wide x 3.875 in tall.
Ad deadline Jan 28th.

- Green Bead Sponsor - \$650
 - Table of 8
 - Designated Seating
 - Signage

- Purple Bead Sponsor - \$75
 - Individual Ticket

Please complete the back of card.

If you would like your name removed from our mailing list, please submit your request in writing to Gibson General Health Foundation, 1808 Sherman Drive, Princeton, IN 47670.

Guest Names

Each guest will check in with their own names, not the company/sponsor name.

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____

Please make check payable to Gibson General Health Foundation and return to 1808 Sherman Drive, Princeton, IN 47670. For payment by credit card, please contact us to process at 812.385.9268.

Thank you for your continued support!

