

The 2nd Annual

White Linen Night



TICKETS

YOUR TAX DEDUCTIBLE CONTRIBUTION WILL HELP YOUR COMMUNITY HOSPITAL, LAKE CHARLES MEMORIAL HOSPITAL, CONTINUE ITS MISSION TO BE EVERYTHING YOUR HEALTHCARE SHOULD BE. THANK YOU FOR YOUR SUPPORT.

_____ TICKET(S) AT \$100 EACH \$_____.

ENCLOSED IS MY CHECK MADE PAYABLE TO:
The Foundation at LCMH TOTAL \$_____.

OR PLEASE CHARGE MY:
 VISA
 MASTERCARD
 AMERICAN EXPRESS

MY CARD # IS: _____

CARD VERIFICATION CODE: _____

EXPIRATION DATE: _____

NAME ON CARD: _____

SIGNATURE: _____

EMPLOYEE PAYROLL DEDUCTION
EMP# _____ SIGNATURE _____

NAME _____

MAILING ADDRESS _____

CITY _____ STATE _____ ZIP _____

DAY PHONE _____

SORRY, I WILL BE UNABLE TO ATTEND.

ENCLOSED IS MY CONTRIBUTION IN THE AMOUNT OF \$ _____.

TICKET REQUESTS RECEIVED AFTER APRIL 14 WILL BE REGISTERED AND HELD AT THE DOOR. FOR ADDITIONAL TICKET INFORMATION, CONTACT LEIF PEDERSEN, (337) 494-3226 OR THE MEMORIAL MARKETING DEPARTMENT AT 494-2934.

IN ACCORDANCE WITH I.R.S. GUIDELINES, ONLY CONTRIBUTIONS OVER THE VALUE OF THE ENTERTAINMENT ARE TAX DEDUCTIBLE. THE AMOUNT SUBJECT TO VALUE IS \$20 PER PERSON, THEREFORE \$80 PER TICKET MAY BE DECLARED AS A DONATION.

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FOR MORE INFORMATION, PLEASE CONTACT

LEIF PEDERSEN
SENIOR VICE PRESIDENT OF PHILANTHROPY
(337) 494-3226
OR EMAIL US AT WHITELINENNIGHT@LCMH.COM

*The
Foundation*
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Lake Charles
Memorial Hospital

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