



Rockin' the Night Away!

Family LifeCare's Annual Fundraiser 🎵 Saturday, October 6 – 5:30 pm

🎵 Lighted Gardens, 10794 SR 1, Ossian 🎵

Please complete and **return form by Noon on Friday, September 21** to purchase tickets and/or to indicate sponsor level (see reverse side for benefits), or to make a tax deductible contribution. You may go online at <https://familylifecarein.org/2018-annual-fundraiser> to register; after August 1 you can view items/packages or sign up for the online auction.

Name/Sponsor _____
list name (business/individual) as you would like it to appear on written materials

Address _____

Phone _____ Fax _____ Email _____

SPONSOR LEVEL (see reverse for benefits) Platinum (\$2,000) Gold (\$1,000) Silver (\$500)

TICKETS (non-sponsors)

- I wish to purchase _____ tickets at \$75 per ticket for a total of \$ _____
- Family LifeCare staff only – check if you wish payroll deduction
- I regret that I cannot attend; however, I have enclosed my tax deductible contribution of \$ _____

GUEST NAMES & MEAL CHOICE ★ Need names & meals **by 9/26/18** ★ Drink & raffle tickets will be distributed at the door

Meal 1 – Duet plate of Smoked beef brisket with Jack Daniels BBQ and Pecan encrusted breast of chicken and “sides” **OR**

Meal 2 – Vegetarian option – Stuffed Pasta Shells with Mornay Sauce and “sides”

Sides - Garden green salad; Baby baked potatoes with garlic and rosemary; Key West vegetable blend; appetizers (pepperoni spirals, mushroom caps with assorted fillings and cheese tray); and, dessert choice (chocolate mousse, fruit parfait or a snickerdoodle bar)

Note: Meal must be selected by Noon on Friday, September 21 – no changes at fundraiser; if no selection Meal 1 will be chosen for you

1)	<input type="checkbox"/> Meal 1 <input type="checkbox"/> Meal 2	5)	<input type="checkbox"/> Meal 1 <input type="checkbox"/> Meal 2
2)	<input type="checkbox"/> Meal 1 <input type="checkbox"/> Meal 2	6)	<input type="checkbox"/> Meal 1 <input type="checkbox"/> Meal 2
3)	<input type="checkbox"/> Meal 1 <input type="checkbox"/> Meal 2	7)	<input type="checkbox"/> Meal 1 <input type="checkbox"/> Meal 2
4)	<input type="checkbox"/> Meal 1 <input type="checkbox"/> Meal 2	8)	<input type="checkbox"/> Meal 1 <input type="checkbox"/> Meal 2

PAYMENT OPTIONS - You may use your bidder number that evening to pay for all purchases – including tickets

- Check enclosed for \$ _____ (payable to Family LifeCare) Pay Online - through PayPal
- Debit/Credit Card Will pay for everything on my bidder number (debit/credit, cash, check)

Please return this form or direct questions to: Jen Whicker, Development Assistant jwhicker@familylifecarein.org
 Family LifeCare - 108 S Jefferson St, Berne IN 46711 - Fax 260-589-3462 or call 800-355-2817

Family LifeCare is a 501c3 organization (tax ID #35-2003105). Contributions are deductible to the extent they exceed the value of the benefits provided. The estimated value per person attending the fundraiser is \$45; the total value may be higher for sponsors receiving additional benefits.