

Please RSVP by Friday, August 24, 2018



Presence®

Saint Joseph Medical Center

Auxiliary

10th Annual Auxiliary Fashion Show

Number of Reservations at \$55 _____

Number of tables of 10 individuals at \$550 per table _____
(please write guest names on reverse side)

I would like to sponsor at this level \$ _____
(sponsorship amounts found on insert)

Number of raffle tickets _____

I will not be able to attend but wish to make a donation to
Presence Saint Joseph Medical Center Auxiliary in this amount \$ _____

Total amount enclosed \$ _____

Name _____

Address _____

City _____ State _____ ZIP _____

Phone _____ Email _____

Please make check payable to: **Presence Saint Joseph Medical Center Foundation**

Please mail RSVP to: **Nancy Corbett, Reservations**
309 Timberline Drive, Joliet, Illinois 60431

Guest Information

1. Name: _____ Payment Included
2. Name: _____ Payment Included
3. Name: _____ Payment Included
4. Name: _____ Payment Included
5. Name: _____ Payment Included
6. Name: _____ Payment Included
7. Name: _____ Payment Included
8. Name: _____ Payment Included
9. Name: _____ Payment Included
10. Name: _____ Payment Included

Please indicate any special dietary needs above.

