

AUGUSTA HEALTH FOUNDATION PRESENTS

Twilight in Tuscany

NAME _____

ADDRESS _____

EMAIL _____ CELL/HOME PHONE _____

PLEASE PROVIDE YOUR EMAIL ADDRESS FOR URGENT COMMUNICATIONS.

PLEASE REPLY BY FRIDAY, APRIL 14, 2023

Visit www.augustahealth.com/foundation/twilight-in-tuscany to register by credit card online or fill out and return this card with your check made payable to Augusta Health Foundation.

Space is limited. Your payment secures your reservation and is non-refundable.

Total # of registrations: _____ at the cost of \$150/person: \$ _____

PLEASE LIST GUESTS AND SELECT MAIN COURSE OPTIONS ON THE REVERSE SIDE.

I would like to make a gift to support the Nursing Excellence Fund: \$ _____

TOTAL ENCLOSED: \$ _____

MAIN COURSE MEAL SELECTION

PLEASE LIST NAMES OF GUESTS ATTENDING AND MEAL PREFERENCE

	Beef	Chicken	Vegetarian
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please email any dietary restrictions and seating requests to ahfoundation@augustahealth.com