

One Hospital Way, Butler PA 16001 (724) 284-4716

## 2015 CRYSTAL BALL SPONSOR REGISTRATION FORM TO JOIN US AS A CRYSTAL BALL SPONSOR, COMPLETE THIS FORM AND RETURN WITH YOUR PAYMENT IN THE ENCLOSED ENVELOPE BY FEBRUARY 13, 2015

AME:	IZATION: (as you would like it to appear in print)	
ONTA	CT PERSON:	
DDRE	SS:	
HONE:	FAX:	
	ADDRESS:	
	SPONSOR LEVEL – Check all that apply	
SPONS	SORSHIP OPPORTUNITIES	
	ROARING TWENTIES - \$10,000	
	GREAT GATSBY - \$10,000	
	FLAPPER - \$10,000	
	CANDY BUFFET - 7,500	
	PUTTING ON THE RITZ - 7,500	
	ART DECCO (TABLE DECORATIONS) - \$5,000	
	THE CHARLESTON - \$5,000	
	SPEAKEASY (SOCIAL HOUR)- \$5,000	
	ICE SCULPTURE - \$5,000	
	PROGRAM BOOK - \$3,000	
	JAZZ (ENTERTAINMENT)- \$3,000	
	CHICAGO (VACATION) - \$2,500	
	LIVE AUCTION - \$2,500	
	DINNER - \$2,000	
	SILENT AUCTION - \$1,500	
	BASKET AUCTION - \$1,000	
	TABLE HOST - \$1,500	
ADVE	RTISING OPPORTUNITIES	
	NAPKINS - \$1,000	
	FULL PAGE AD - \$300	
	HALF PAGE AD - \$150	
Cost to	attend the Crystal Ball is \$150 per person	
	I would like to receive an invitation to attend this event at the above address. Once you receive	
	he invitation, please return the RSVP card with your payment and guest names. Invitations will be sent in mid-February.	
	PAYMENT - CHECK APPROPRIATE FORM OF PAYMENT (PAYMENT CAN ALSO BE MADE ON LINE AT BHS-FOUNDATION.ORG)	
	CHECK – MADE PAYABLE TO: BUTLER HEALTH SYSTEM FOUNDATION  VISA  MASTERCARD  AMERICAN EXPRES	
CCOUNT	DISCOVER  F #: SECURITY CODE (On back of card) #EXPIRATION DATE:	

SIGNATURE: \_\_\_\_\_