



Event Donation Form

Health Care Network, Inc. Presents:

A Mystery Event

In Person? Virtual? Only Time Will Tell!

Friday, June 18th, 2021

Location To Be Determined

Whether this is an in person or a virtual event, there will be entertainment and fun for all in support of HCN's mission to provide free and low cost health care services to Racine County!



Please Consider These Opportunities to Support Health Care Network

SPONSORSHIP:

_____ Platinum \$2500+ (10 Tickets)

_____ Gold \$1000+ (6 Tickets)

_____ Silver \$500+ (4 Tickets)

_____ Bronze \$250+ (2 Tickets)

EVENT TICKETS:

Individual tickets @ \$75 per ticket..... \$ _____

DONATION: Please accept my cash donation of..... \$ _____

RAFFLE ITEM: Please contact us to make arrangements..... \$ _____

TOTAL: \$ _____

Yes, I want to support the efforts of the volunteers of Health Care Network!
Please accept my contribution to this event.

Form of payment: _____ Check enclosed - or - _____ Credit Card (Visa, Mastercard, American Express or Discover)

Credit Card Number / _____
Exp. Date CVV _____
Signature

Name/Company to be listed in all publicity: _____

Contact Person: _____ Phone Number: _____

Address: _____

Email: _____

Proceeds benefit the work of Health Care Network, Inc.

500 Wisconsin Ave. Racine, WI 53403

(262) 632-2400 / specialevents@healthcarenetwork.org

Thank you for your support!