



Be the Light

Illuminating hope and change in the community

Name _____

Address _____

Email _____ Cell/Home Phone _____

PLEASE REPLY BY THURSDAY, APRIL 3, 2025

Visit <https://www.augustahealth.com/foundation/bethelight2025/> to register online with a credit card, or fill out and return this card with a 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: \$ _____

I would like to sponsor a table of eight attendees at the cost of \$1,500: \$ _____

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

We cannot attend but would like to make a gift to support the Cancer Care Fund: \$ _____

We cannot attend but would like to make a gift to support the Cancer Bridge Fund: \$ _____

TOTAL ENCLOSED: \$ _____

MAIN COURSE MEAL SELECTION

PLEASE LIST NAMES OF GUESTS ATTENDING AND MEAL PREFERENCE

| | Beef | Salmon | 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"/> |
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| _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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