

## Tribute Form- Champion of Hope- Susan Briley, MD

Please Indicate your tribute and attendance choice:

|  |  |
|--|--|
|  | <b>Scrolling Tribute</b> (up to 75 words) - <b>\$100</b>   |
|  | <b>Full Page in Post – Event Honoree Tribute Book</b> (photos and copy) - <b>\$200</b>   |
|  | <b>Private Blackjack Table for Group</b> – Private blackjack table for eight guests with VIP benefits for each, \$3,000 in casino cash per person, four drink tickets for beer, wine and cocktails. Exclusive access to The Bell Tower’s Tasting Room - <b>\$2,000</b> |
|  | <b>Individual VIP Admission</b> – Includes \$3,000 in casino gaming money per person. Four drink tickets for beer, wine or cocktails. Exclusive access to The Bell Tower’s Tasting Room. - <b>\$150</b>  |
|  | <b>Individual Admission</b> – Includes hors d’oeuvres, \$1,500 casino cash, two drink tickets for beer or wine - <b>\$100</b>  |
|  | <b>Other Donation</b>  |

Message \_\_\_\_\_

### Contact Information:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### Tribute payment information:

Enclosed is my check for \$\_\_\_\_\_ (payable to Crohn’s & Colitis Foundation)

Please charge me: American Express VISA Master Card Discover

Card number: \_\_\_\_\_ Exp: \_\_\_\_\_

Cardholder name: \_\_\_\_\_

Signature: \_\_\_\_\_

\*Copy deadline (no exceptions): November 5

\*Email this form and artwork to [mchianese@crohnscolitisfoundation.org](mailto:mchianese@crohnscolitisfoundation.org)

For more information, contact Michelle Chianese at 615-356-0444 x 2