

Illuminate the Night

HONORING LYNETTE CHAPPELL

COMMITMENT FORM

I would like to sponsor

- | | |
|---|---|
| <input type="checkbox"/> Luminary Benefactor – \$50,000 | <input type="checkbox"/> Twilight Sponsor – \$2,500 |
| <input type="checkbox"/> Candlelight Patron – \$25,000 | <input type="checkbox"/> Full Page Program Ad - \$3,000 |
| <input type="checkbox"/> Starlight Sponsor – \$10,000 | <input type="checkbox"/> Half Page Ad - \$1,500 |
| <input type="checkbox"/> Sunset Sponsor – \$5,000 | <input type="checkbox"/> Individual Seat – \$300 |

I am unable to attend, but would like to make a donation of:
\$ _____

Total Contribution: \$ _____

Payment Options

- Check payable to **Foundation Assisting Seniors**
- Request invoice
- Pay via credit card

Name on Card _____

Card Number _____

Exp _____ CVV _____ Email _____

Address _____

City _____ State _____ Zip _____

Return completed form to

Foundation Assisting Seniors
2518 Anthem Village Dr; Suite #110
Henderson, NV 89052
Phone: (725) 244-4200

Or email completed form to:
[Hello@myfas.org](mailto>Hello@myfas.org)



**FOUNDATION
ASSISTING
SENIORS**