

Ladies Leukemia League, Inc.

Tuesday, November 28, 2023

Hilton Riverside New Orleans

Preferred Seating Table.... \$ 1,500 (10 tickets)

General seating Table.... \$ 1,100 (10 tickets)

Individual General Ticket...\$ 110

Name_____

Mailing Address (for tickets)_____

City_____ Zip Code_____

E-Mail address_____

Cell number_____ Telephone number_____

For Credit Card payment, see back of form

_____ \$1,500 Angel on High: 10 tickets, preferred seating and acknowledgement*

*Angel On High: Please print your name as you wish it to appear in the program.

_____ \$1,100 Table: 10 tickets

_____ \$110: One ticket, general seating

I am unable to attend, but here is my donation \$_____

Are you an LLL Member? _____ Yes _____ No

If this is an individual ticket purchase (\$110), please list with whom you wish to be seated on the back of the form.

Amount in excess of \$65 per ticket is a tax deduction.

A Not-For-Profit Corporation – Tax Identification #72-0997410

Mail this completed form and your checks(s) directly to Reservations Chair

Michele Danos 9190 Highway One Lockport, LA 70374

If you have questions e-mail or call – mmmd@viscom.net or cell# 504.458.4288

LIGHT THE TREE OF HOPE with Program Recognition

Silver Star \$10,000 10 Priority seats Golden Rings \$ 5,000 10 Priority seats

Bells of Peace \$ 3,000 6 Priority seats String of Lights \$ 1,000 2 Priority seats

Contact Reservations Chair, Michele Danos, for Light the Tree of Hope form
(contact info listed above.)

- You may buy whole tables or simply request a certain number of individual seats at a “mixed” table in the chosen price range. (FYI: Runway tables are limited, so some \$1,500 tables will be on the second row.)
- Tickets will be mailed the last week of November.
- Tickets are not sold the day of the event. Advanced purchase only.

Website: www.ladiesleukemialeague.org

Online Ticket Purchase, Raffles and Silent Auction: <http://bidpal.net/fetedenoe>

To bid on Silent Auction, please register on the bidpal site above.

Please seat me with the following:

Credit Card Payment

Name on Card:_____

Card Number:_____

Expiration Date: Month_____ **Year** _____

Billing Address:_____

City:_____ **State**_____ **Zip Code:**_____