

THE FOUNDATION

In support of Indiana University Health La Porte Hospital

tourdelaporte.org

DONATE TODAY



Your Information

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CITY, STATE & ZIP _____

DAYTIME PHONE _____

EVENING PHONE _____

EMAIL _____

August 27 & 28, 2011

Thank you for your support!

PAYMENT INFORMATION:

CONTACT NAME _____

COMPANY NAME _____

ADDRESS _____

PHONE _____

FAX _____

EMAIL _____

Check enclosed for \$ _____.

Credit Card
 Visa MasterCard
 American Express Discover

Credit Card Number _____

Expiration Date _____

Signature _____

Order a Shirt/Jersey

Note: Every participant gets a FREE Cotton t-shirt with registration. This excludes Lil' F.I.S.H. who receive free event registration.

COTTON T-SHIRT \$10 Each

Child S M L
QUANTITY CIRCLE SIZE

Adult S M L XL 2XL 3XL
QUANTITY CIRCLE SIZE

PERFORMANCE TECH SHIRT \$15 Each

Child S M L
QUANTITY CIRCLE SIZE

Adult S M L XL 2XL 3XL
QUANTITY CIRCLE SIZE

JERSEY \$70 Each

Adult XS S M L XL 2XL 3XL
QUANTITY CIRCLE SIZE

Sub Totals

Shirt/Jersey Order

Please specify total amount:

Donation

Please specify amount:

Honor Memorial Sign \$5

What would you like the sign to say?

Meal Ticket \$6 per person

I am not participating, but plan on coming to support the event.

Total Enclosed:

Mail donation form in the enclosed envelope to:
La Porte Hospital Foundation
P.O. Box 250
La Porte, IN 46352-0250