

Starry Skies and Fireflies Gala

Attendee(s)

First and Last Names _____

Address _____

City _____ State _____ Zip _____

Cell Phone _____ Email _____

- 10 Guests** | \$1,000
- Event Ticket** | \$100 per person - # of Tickets
- Special Dietary Requirements
- Gluten-Free
- I/We are unable to attend. Please accept a donation to A Safe Place \$ _____

70% Tax Credit Available for Monetary Donations

Purchase Tickets online at www.compasshealthnetwork.org/upcoming-events/

TO PAY VIA CREDIT OR DEBIT CARD

PLEASE CALL 636.232.2339

OR MAIL PAYMENT TO:

110 NORTH MILL STREET, FESTUS MO 63028

ATTN: KIM ELBL

**PLEASE RSVP BY
APRIL 5, 2024**

For more information visit
www.compasshealthnetwork.org/upcoming-events/
or
contact Kim Elbl
636-232-2339

Starry Shies and Fireflies Gala

GUEST LIST

NAME

CELL PHONE



Compass Health[®]
Network