

# AN EVENING OF *Promise*

**Friday, August 23, 2019 ★ 7:00 p.m.**

Ponte Vedra Inn & Club

**\$200 per person individual ticket** (\$100 tax-deductible contribution)

**\$100 per person young professional ticket –**

**40 years old and under** (\$50 tax-deductible contribution)

## RSVP

☐ I will attend *An Evening of Promise*. Please reserve \_\_\_\_\_ **individual tickets** and \_\_\_\_\_ **young professional tickets** for a total of \$ \_\_\_\_\_.

Guest Names:

_____	_____
_____	_____
_____	_____

☐ I am unable to attend. However, I would like to make a contribution in the amount of \$ \_\_\_\_\_.

## Associate Information

Name (as it appears on credit card): First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address (associated with credit card): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Department at Nemours: \_\_\_\_\_

## Payment Options

☐ Check (payable to Nemours) \$ \_\_\_\_\_

Mail to: Nemours Fund for Children's Health, 10140 Centurian Parkway North, Jacksonville, FL 32256

☐ Credit Card \$ \_\_\_\_\_

☐ MasterCard

☐ Visa

☐ American Express

☐ Discover

Credit Card Number: \_\_\_\_\_ Exp: \_\_\_\_\_

☐ Payroll Deduction\*

☐ I am paid biweekly.

☐ I am paid monthly.

Employee ID Number: \_\_\_\_\_

We cannot process payroll deduction without your employee ID number. Your employee ID number is available by: (1) calling the HR Customer Service Center at (877) 458-9699, (2) looking on your pay stub in the box to the right of your name, or (3) referring to Kronos.

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

\* Deduction amount is based on the date this form is received and whether payroll deduction occurs monthly or biweekly. Payroll deduction forms must be submitted by July 15 for monthly employees and August 16 for biweekly employees.

**For more information, please contact Kacie Smyth at [kacie.smyth@nemours.org](mailto:kacie.smyth@nemours.org) or (904) 697-4415.**

**Click Here to submit form  
to Kacie Smyth.**

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