



2020 WE'VE GOT YOUR BACK GALA REGISTRATION FORM

Individual(s)/Company Name

Street Address

Contact Person

City, State, Zip

Phone

Email Address

Name(s) As To Appear In Program

Sponsorship/Gift Amount:_____

**PLEASE COMPLETE PAYMENT
INFORMATION ON REVERSE SIDE.**

PAYMENT METHOD

11800 Sunrise Valley Drive, Suite 620
Reston, VA 20191

Please accept my gift in the amount of:

Enclosed is a check payable to
National Spine Health Foundation

Invoice Me

Charge my gift to: (circle one)

Visa Mastercard Discover AmEx

The National Spine Health Foundation, a 501©(3) nonprofit charitable organization, is qualified under Section 170 of the Internal Revenue Service Code to receive gifts, grants, and contributions which are deductible for federal income tax purposes.

info@spinehealth.org | Tax ID #: 55-0803996

Card #

Exp. Date

CVV # (3-Digit Code)

Name As It Appears On Card

Signature

To make your gift online, please visit
spinehealth.org/gala

