RSVP by October 30, 2026

Name:_____

Company:_____

Address:_____

_____

Email:_____

Phone:_____

PLEASE MAKE RESERVATIONS FOR:

$125 Individual Ticket.....(QTY_____)

$1,100 Table for 10 Persons.....(QTY_____)

Please use the back of this RSVP for guest names and meal choices.

If you would like to donate back seats from your table to be filled with residents or employees, please let us know.

Reservation TOTAL $_____

PRE-PURCHASE RAFFLE & PLAY PACKS

$75 Let's Share Play Pack (*$85 value!*)..... (QTY _____)
Package includes (2) blizzard bingo packs, (1) $10 game tokens for a chance at the $1,000 prize, and a raffle ticket sheet of 25 raffle basket tickets

$50 Single Play Pack (*$60 value!*)..... (QTY _____)
Package includes (1) blizzard bingo pack, (1) $10 game token for a chance at the $1,000 prize, and a raffle ticket sheet of 25 raffle basket tickets

$25 Blizzard Bingo Game Pack.....(QTY _____)
Package includes a blizzard bingo pack good for 4 regular rounds plus a grand finale round

$25 Raffle Basket Sheet.....(QTY _____)
Package includes (1) sheet of 25 raffle tickets to use at raffle basket table

Game Package TOTAL $_____

UNABLE TO ATTEND BUT WOULD LIKE TO PARTICIPATE?

- **Founder**: $2,500 and over
- **Benefactor**: $1,000-$2,499
- **Major Donor**: $500-999
- **Friend of the Fling**: $100-499
- **Supporter**: Up to $99

Make a tax-deductible donation of any amount to support our residents. Gifts will be acknowledged in the program at the levels stated.

Donation TOTAL $_____

Please make checks payable to: **REDSTONE**

If you would like to pay by credit card, please visit our event website at redstone.org/highlands-fling or for assistance call (724) 832- 8401 ext. 3378.

Grand Total Enclosed $_____

Redstone

The Board of Directors of Redstone
Presbyterian SeniorCare invites you to

Winter Wonderland Ball

24TH ANNUAL HIGHLANDS FLING

SATURDAY, NOVEMBER 14, 2026

GUEST REGISTRATION

Please list all guest first and last names and their meal choice of **Beef Short Rib**, **Scandinavian-Style Salmon**, *or* **Butternut Squash Ravioli**. *Each table can seat up to 10 guests. Please call (724) 832-8401 ext. 3378 for any special dietary requests.*

		BEEF	*SALMON*	*RAVIOLI*
Name:________________	Meal Choice:	☐	☐	☐
Name:________________	Meal Choice:	☐	☐	☐
Name:________________	Meal Choice:	☐	☐	☐
Name:________________	Meal Choice:	☐	☐	☐
Name:________________	Meal Choice:	☐	☐	☐
Name:________________	Meal Choice:	☐	☐	☐
Name:________________	Meal Choice:	☐	☐	☐
Name:________________	Meal Choice:	☐	☐	☐
Name:________________	Meal Choice:	☐	☐	☐
Name:________________	Meal Choice:	☐	☐	☐