

# 2026 SPRING LEGACY OF LIFE BANQUET

BANQUET TABLE/TICKET ORDER FORM



**Keynote Speaker:**  
Wesley Smith

**Banquet Date: Monday, March 30, 2026**  
**Carver Center, Indian Spring Middle School**  
**Columbia City, IN**

**Doors Open at 6:00pm    Dinner at 6:30pm**



**Emcee:**  
Jacob Alles

**Tables are \$240 per table for 8 persons or \$30.00 per person**  
**(or \$200 per table and \$25 per person if purchased before February 13)**

## TABLE HOST OR TICKET RESERVATION

☐ I am reserving \_\_\_\_\_ table(s) for the 2026 Columbia City Legacy of Life Banquet

☐ I will fill the table(s) and I will collect payment from each guest

☐ I will fill the table(s) and pay for all 8 persons per table

☐ I am purchasing \_\_\_\_\_ tickets at \$30.00 per ticket (\$25.00 per ticket if purchased before February 13)

**Total due (# of tables x \$240) OR (# of tickets x \$30) = \$ \_\_\_\_\_**  
**(or \$200 per table and \$25 per person if purchased before February 13)**

***Please complete the section below for banquet communication and for mailing tickets.***

First & Last Name : \_\_\_\_\_

Business Name : \_\_\_\_\_  
(if applicable)

Address : \_\_\_\_\_ City : \_\_\_\_\_

Zip Code : \_\_\_\_\_ Phone : \_\_\_\_\_

E-Mail : \_\_\_\_\_

## PAYMENT OPTIONS

☐ My check is enclosed: RTL of NCI (Right to Life of North Central Indiana)

☐ I will collect the individual checks and turn in full payment

☐ Please charge my Visa/MasterCard

Card# \_\_\_\_\_ Exp \_\_\_\_/\_\_\_\_ CVV Code \_\_\_\_\_

Cardholder Name : \_\_\_\_\_

**This form may be faxed to 574-975-2744 or sent by mail to: Right to Life of North Central Indiana**  
**P.O. Box 1162, Warsaw, IN 46581**

**For more information call 574-306-7406 or email [info@nci4life.org](mailto:info@nci4life.org)**