

HOSPICE of Orange & Sullivan Counties, Inc.

Bow Ties and Bouquets Gala

Saturday, March 25, 2017 • 6:00 pm

Please reserve _____ ticket(s) at \$200.00 each

Please reserve _____ table(s) at \$1,900.00 each

Enclosed is a check made payable to HOSPICE of Orange & Sullivan Counties, Inc. in the amount of \$_____. (Credit card payments are also accepted.)

Name of Cardholder _____

Card # _____

VISA
 MC
 AMEX Exp. Date _____

Name(s) _____

Company _____

Address _____

Phone _____ Email _____

Please return this card to HOSPICE no later than March 10, 2017.

I am unable to attend, but would like to make a gala donation of: \$_____.

For more information, including sponsorship opportunities, please call 561-5362 ext. 366

or email gloria@hospiceoforange.com.

(over)

HOSPICE of Orange & Sullivan Counties, Inc.

Bow Ties and Bouquets Gala

Please list those guests who will be sitting at your table:

1. _____ 6. _____

2. _____ 7. _____

3. _____ 8. _____

4. _____ 9. _____

5. _____ 10. _____