

HOSPICE of Orange & Sullivan Counties, Inc.

30th Anniversary Pearl Gala

Saturday, March 24, 2018 • 6:00 pm

Please reserve _____ ticket(s) at \$225.00 each

Please reserve _____ table(s) at \$2,000.00 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 9, 2018.

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

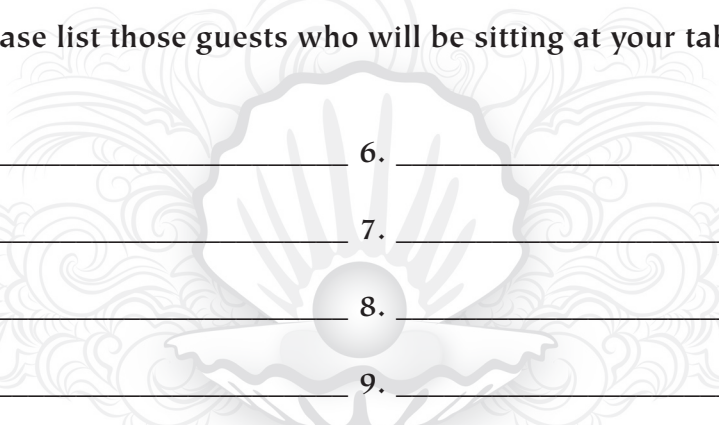
or email gloria@hospiceoforange.com.

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HOSPICE of Orange & Sullivan Counties, Inc.

30th Anniversary Pearl Gala

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

- 
1. _____
 2. _____
 3. _____
 4. _____
 5. _____
 6. _____
 7. _____
 8. _____
 9. _____
 10. _____