

ticket reservation

- ANGEL \$10,000
Premium table for 10 with gold full page journal advertisement
- BENEFACTOR \$5,000
Includes Table of 8 and Silver Full Page Journal Ad
- PATRON \$3,000
Includes Table of 6 and Bronze Full Page Journal Ad
- SPONSOR \$1,000
Includes 4 tickets
- DONOR \$500
Includes 2 tickets
- Friend \$200 per ticket (\$225 at door)
- Junior (*Under age 35*) \$100 per ticket (\$125 at door)
- Our company has a matching gift program
- I regret that I can not attend. Enclosed is my tax-deductible contribution of \$_____

(Please note \$75 per ticket is non-deductible)

Name: _____

Address: _____

City/State/Zip: _____

Telephone: _____ E-Mail: _____

Please make checks payable to: East End Hospice
PO Box 1048 Westhampton Beach, NY 11978 www.eeh.org
631-288-7080 • Fax 631-288-4943 • email: tmurphy@eeh.org
Please R.S.V.P. by 6/21/10 • All tickets will be held at the door.
For Credit Card Information please see back of card



casino table sponsorship

You can sponsor any of the Gaming Tables in your name or your company name for the following donation.

- Black Jack Table \$250 ea.
- Dice Table \$500 ea.
- Roulette Table \$350 ea.
- Texas Hold Em' Table \$500 ea.
- Our Company Has a Matching Gift Program

Casino Rentals Provided by Classic Casino Productions

Your sponsorship will be noted by a sign on casino table as well as recognition in the journal.


Sign to read:






journal advertising

Please supply camera ready artwork (8 1/2" x 11" Journal Size)
email: tmurphy@eeh.org

- | | | | |
|-----------------------|--------------------|---------|-----------------|
| <input type="radio"/> | Full Page in Color | \$1,500 | 7 1/2" x 10" |
| <input type="radio"/> | Full Page | \$1,000 | 7 1/2" x 10" |
| <input type="radio"/> | Half Page | \$500 | 7 1/2" x 4 3/4" |
| <input type="radio"/> | Quarter Page | \$250 | 3 1/2" x 4 1/2" |
| <input type="radio"/> | Business Card | \$100 | 3 1/2" x 2 1/8" |
| <input type="radio"/> | Friend Listing | \$50 | |
- 

Company Name: _____

Contact: _____

Address: _____

City/State/Zip: _____

Telephone: _____

E-Mail: _____



Ticket total: \$ _____

Casino total: \$ _____

Journal total: \$ _____

Raffle total: \$ _____

Total amount enclosed: \$ _____

Visa

Mastercard

American Express

Card Number:

Expiration Date: _____

CW Code: _____

Total Amount on Card: _____

Name on Card:

Cardholder's Signature:

Thank you for your support!

east end hospice