

Please join us on July 12th

Please respond by July 3rd

Benefactor Tickets* _____ @ \$1,000 each \$ _____

Special Friend Tickets* _____ @ \$500 each \$ _____

Patron Tickets* _____ @ \$250 each \$ _____

Tickets _____ @ \$125 each \$ _____

Sweepstakes tickets _____ @ \$25 each _____ @ book of 5 \$100 \$ _____

Sorry I cannot attend enclosed is my contribution \$ _____

**includes listing in program*

Total Enclosed \$ _____

Please make checks payable to East End Hospice or you can pay by credit card

MasterCard Visa American Express

Credit Card # _____ Exp. Date _____

Signature _____ CVV Code _____ Amount on card _____

Contact Name _____ Company Name _____

Address _____

City/State/Zip _____

Phone _____ E-mail _____

Please seat me with:
(we will try our best to accommodate all requests)
