

ENCLOSED IS MY TAX-DEDUCTIBLE* GIFT OF: ☐ **PLATINUM:** \$25,000 Platinum table for 12 with gold full page journal advertisement. ☐ ANGEL: \$10,000 Premium table for 10 with gold full page journal advertisement ☐ BENEFACTOR: \$5,000 Includes table for 8 with silver full page journal advertisement ☐ **PATRON:** \$3,000 Includes 6 tickets and bronze full page journal advertisement ☐ SPONSOR: \$1,200, Includes 4 tickets □ DONOR: \$600, Includes 2 tickets other: \$ ____ *\$100 per ticket is non-deductible I/We will attend the benefit on Saturday, June 30, 2018. I/We will be unable to attend. Name: Address: ____ State: ___Zip: ___ Telephone: _____

Please make checks payable to East End Hospice and mail to:

EAST END HOSPICE P.O. Box 1048 Westhampton Beach NY, 11978

Please charge my donation to:	
VISAMCAMEX	
Card Number:	
Name as it appears on card:	
Signature:	
Expiration Date:	_CVV Code:



Email:

For further information please don't hesitate to contact us.
Tel: 631-288-7080 Email: tmurphy@eeh.org

Thank You for Your Support!