



## Annual Summer Gala Benefiting East End Hospice

Saturday, June 24, 2023 – 40 Second Neck Lane, Quogue, NY

Enclosed is my tax-deductible gift of:

### LEVELS OF GIVING

☐ **Platinum Sponsor: \$30,000**

Sponsorship includes: table of twelve guests to gala, full page in journal & listing in invitation.

☐ **Angel Sponsor: \$10,000**

Sponsorship includes: table of ten guests, full page in journal & listing in invitation.

☐ **Benefactor: \$7,500**

Sponsorship includes: table of eight guests, full page in journal & listing in invitation.

☐ **Patron: \$5,000**

Sponsorship includes: table of six guests, full page in journal & listing in invitation.

☐ **Sponsor: \$1,700**

Sponsorship includes: four tickets, listing in journal and invitation.

☐ **Donor: \$1,000**

Sponsorship includes: two tickets, listing in journal and invitation.

### TICKET LEVELS

☐ **\$350** one adult ticket

☐ **\$200** one junior ticket (under age of 35)

☐ I regret that I am unable to attend, enclosed is my tax-deductible donation of \$\_\_\_\_\_

☐ I/We will attend the Summer Gala Please note \$150 per ticket is non-deductible

Please make checks payable to: East End Hospice: PO Box 1048 Westhampton Beach, NY 11978 EIN # 11-2878502

For additional information, please contact Theresa Murphy, [631.288.7080](tel:631.288.7080), [tmurphy@eeh.org](mailto:tmurphy@eeh.org) or donate online: [eeh.org](http://eeh.org)

List how you would like your name to appear in program: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Please charge my donation to: ☐ VISA ☐ MASTERCARD ☐ AMEX ☐ DISCOVER

Credit Card Number: \_\_\_\_\_

Name as it appears on card: \_\_\_\_\_

Signature: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ CVV Code: \_\_\_\_\_ Billing Zip Code: \_\_\_\_\_