

**Benefiting East End Hospice's Camp Good Grief**  
Wednesday, May 3, 2023 - Metropolitan Club - One East 60th St. NYC



## LEVELS OF GIVING

- ☐ **Director: Sponsors Group Therapy Program \$15,000**  
Sponsorship includes: two tables for 10 guests to luncheon, premium seating, listing in program & invitation.
- ☐ **Group Leader: Sponsors Art Therapy \$10,000**  
Sponsorship includes: one table for 10 guests to luncheon, premium seating, listing in program & invitation.
- ☐ **Activity Specialist: Sponsors Music and Pet Therapy \$7,500**  
Sponsorship includes: one table for 10 guests to luncheon, premium seating, listing in program & invitation.
- ☐ **Event Coordinator: Sponsors Afternoon Event \$5,000**  
Sponsorship includes: one table for 10 guests to luncheon, listing in program & invitation.
- ☐ **Counselor: Sponsors a Sports Program \$3,500**  
Sponsorship includes: one table for 10 guests to luncheon, listing in program.
- ☐ **Big Sister: Sponsors Camper Gear Bags \$2,500**  
Sponsorship includes: four tickets to luncheon, listing in program.
- ☐ **Support Staff: Sponsors Camp Essentials \$2,000**  
Sponsorship includes: three tickets to luncheon, listing in program.
- ☐ **Camper at Heart \$1,000**  
Sponsorship includes: two tickets to luncheon, listing in program.

## TICKET LEVELS

- ☐ **Good Heart \$600** one luncheon ticket, listing in program.
- ☐ **Valentine \$400** one luncheon ticket
- ☐ I regret that I am unable to attend, enclosed is my tax-deductible donation of \$\_\_\_\_\_
- ☐ I/We will attend the Valentine Salon Please note \$225 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 Debbie Doyle, [631.288.7080](tel:631.288.7080), [ddoyle@eeh.org](mailto:ddoyle@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: \_\_\_\_\_

