

Celebration of Life Gala

HONORING OUR COMMUNITY'S VETERANS

NAME: _____

ADDRESS: _____

CITY: _____ ST: _____ ZIP: _____

PHONE: _____

EMAIL: _____

PLEASE RSVP BY JANUARY 22, 2018.

Please reserve _____ ticket(s) at \$225 each.

Samaritan extends a special event rate to all our service members, veterans and/or young professionals age 35 and under

Please reserve _____ veteran/young professional ticket(s) at \$125 each.

Please reserve _____ table(s) of 10 at \$2,000 each.

Please reserve a _____ sponsorship / ad in the program book.

Ad artwork CANNOT be accepted after January 11, 2018.

I am unable to attend. Enclosed is my contribution of \$ _____.

I would like to purchase _____ Delightful Dining Raffle tickets at \$10 each.

Include additional guests, dietary restrictions, and seating preference on back of this card.

CONTRIBUTION

Sponsorship Total \$ _____

Ticket/Table Total \$ _____

Delightful Dining Total \$ _____

TOTAL \$ _____

Each gala attendee will receive goods and services valued at \$82.

Please make checks payable to Samaritan Healthcare & Hospice.

Sponsorships and tickets online: SamaritanNJ.org

ADDITIONAL GUESTS:

DIETARY RESTRICTIONS:

SEATING PREFERENCES:

For more information, please contact Julie Weitzman
at (856) 552-3239 or jweitzman@SamaritanNJ.org



(800) 229-8183
SamaritanNJ.org