

NAME		
ADDRESS	TELEPHONE	
CITY	STATE	ZIP
EMAIL ADDRESS		
REGULAR TICKETS:		
I want to purchase single		
I want to purchase pair(s)	of tickets @ \$250 per pair f	or a total of \$
VIP TICKETS: I want to purchase single	vIP ticket(s) @ \$175 each f	for a total of \$
I want to purchase pair(s)) of VIP tickets @ \$300 per	pair for a total of \$
I / we cannot attend but encl	ose a donation in support o	of your work \$
I / we have special dietary ne	eds. Please specify:	



SPONSORSHIP OPPORTUNITIES: See invitation for details on all sponsorship packages Anchor \$5,000 Diamond \$2,500 Platinum \$1,500 TARLE SPONSORS: Please list quest names in the space provided on the reply card, ad copy due by November 13th Table (10) \$1,500 Table (8) \$1,250 PROGRAM AD OPPORTUNITIES: Ad specifications will be provided to contact; ad copy will be due by November 13th Full Pa Ad \$750 1/2 Pa Ad \$500 1/4 Pa Ad \$350 Business Card Ad \$250 PAYMENT. Total Amount: \$ Please find my enclosed check made payable to "Old Colony Hospice". ____ Please charge the credit card: Circle One MasterCard Visa Discover American Express CARD NUMBER EXPIRATION DATE CSV# CARDHOLDER NAME SIGNATURE RILLING ADDRESS Old Colony Hospice is a 501(c)3 non-profit organization. Our Federal Tax ID number is 04-2793637. All donations are tax deductible to the extent permitted by law. Purchased tickets are for: Please seat us with: Please note: All seating requests are done on a first come, first served basis