

Old Colony Hospice

35th Anniversary

Gala

RSVP by: *November 20, 2014*

all reservations will be held at the door

NAME _____

ADDRESS _____

TELEPHONE _____

CITY _____

STATE _____

ZIP _____

EMAIL ADDRESS _____

REGULAR TICKETS:

I want to purchase _____ single ticket(s) @ \$135 each for a total of \$ _____

I want to purchase _____ pair(s) of tickets @ \$250 per pair for a total of \$ _____

VIP TICKETS:

I want to purchase _____ single VIP ticket(s) @ \$175 each 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 enclose a donation in support of your work \$ _____

___ I / we have special dietary needs. Please specify: _____
