



erson)						
No, I/we are unable to attend but would like to contribute to support end-of-life and palliative care. Enclosed is my donation of \$						
Email for each attendee (For event details)						

Method of Payı	ment:					
Please cha	rge my	VISA	MASTER CARD	DISCOVER Exp. Date	Alliance Foundation (circle one) e	
Please select your meal choice using guest(s) initials: Duet Plate: 4oz Frenched breast chicken and braised beef tenderloin tips with boursin whipped potatoes and broccolini Veggie/Vegan Plate: Spaghetti squash carbonara, smoked wild mushrooms, grilled artichoke and marinated tomato Please note any food allergies Please seat me with						
Please seat me	with					

Tickets are not issued. Payment must accompany reservation. Make checks payable to Hospice Alliance Foundation, a 501(c)(3). \$40 of your ticket price may be considered tax deductible.

IF TABLE IS PURCHASED, PLEASE LIST 8 ATTENDEES AND THEIR MEAL CHOICES ON A SEPARATE SHEET.