



Kindly

RSVP

By Friday, February 10th

Scan to RSVP



- Yes, I/we will attend the event at The Club at Strawberry Creek.  
\_\_\_\_\_ Table(s) of 8 (\$800 per table)  
\_\_\_\_\_ Individual ticket(s)(\$100 per person)

- \_\_\_\_\_ 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 \$\_\_\_\_\_.

Name(s) \_\_\_\_\_

Email for attendees (For event details)

Address \_\_\_\_\_

\_\_\_\_\_

City/State/Zip \_\_\_\_\_

\_\_\_\_\_

Phone \_\_\_\_\_

Include separate sheet for additional guests (over)

## Method of Payment:

Enclosed is my check for \$\_\_\_\_\_ payable to **Hospice Alliance Foundation**

Please charge my    VISA    MASTER CARD    DISCOVER    (circle one)

Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_

Signature \_\_\_\_\_

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## Please select your meal choice using guest(s) initials:

\_\_\_\_\_ Duet Plate: 4oz Frenched chicken breast and two 2oz filet medallions 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 \_\_\_\_\_

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

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.