



HOSPICE AUXILIARY

of Orange & Sullivan Counties, Inc.

“Some Like it Haute”

Name _____

Address _____

Telephone # _____

_____ # of tickets at \$55.00 each

I cannot attend, but would like to offer a donation of \$_____

Check enclosed for \$_____ (Payable to: **HOSPICE** of Orange & Sullivan Counties, Inc.)

Credit Card Visa M/C Amex CC# _____ Exp. _____

RSVP by 9/10/10 – Please list guests on reverse side

For more information contact:

Marilyn D’Ambrosio 845-566-9021 or email: jdambrosio@hvc.rr.com

