

Delaware Hospice Jazz Brunch

Name: _____
Address: _____
City,/St: _____
Phone: _____
Email: _____

50/50 Raffle

To benefit

Delaware Hospice, Inc.

Drawing to be held at the event
\$5 each or 5 for \$20

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Please make checks payable to and return to DE Hospice, 16 Polly Drummond Center, 2nd fl, Newark, DE 19711

Credit Card # _____

Expiration Date _____ CVV _____

Name _____

Address _____

Telephone _____ Email _____

of tickets _____ Amount \$ _____ I would like to make a donation of \$ _____

TOTAL amount to be charged \$ _____