

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



50/50 Raffle
 To benefit
 Delaware Hospice, Inc.



Drawing to be held at the event

\$4 each or 3 for \$10
Barbara Santoro Jazz Brunch

Barbara Santoro Jazz Brunch

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



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

Name (on Credit Card) _____ Credit Card (circle one) MC Visa Discover AMEX

Address _____

Credit Card # _____
 Expiration Date _____

Telephone _____ Signature _____

E-mail _____ # of Tickets _____ Amount _____

I would like to make a donation of _____ TOTAL amount to be charged _____