

Dear Supporter,

United Hospice Service invites you to join us for our Annual Hospice Luncheon which will include a delicious meal, fundraising auction and prize raffle drawing. All proceeds from the Annual Hospice Luncheon will benefit United Hospice Service so we can continue to better serve those in our communities.

If you would like to become a Hospice Luncheon Supporter, please complete the information at the bottom of this letter and return to United Hospice Service by **Friday, October 7th, 2022**. For your convenience, we have enclosed a business reply envelope.

Annual Hospice Luncheon

Saturday, October 15th, 2022

Doors open at 12:00pm, meal to be served at 12:30pm, raffles to follow

Countryside Free Methodist Church Family Center

912 W. Sanilac Rd, Sandusky, MI

Tickets \$25.00 per person



Tickets can be purchased prior to the event by filling out the supporter opportunities below and returning in the reply envelope provided OR at the United Hospice Service Office; 2861 Main St. Marlette, MI 48453, OR fax forms to 989-635-4145. Phone 800-635-7490 with any questions

Please make check payable to: United Hospice Service – Annual Hospice Luncheon

HOSPICE LUNCHEON SUPPORTER OPPORTUNITIES FORM DUE BY FRIDAY OCTOBER 7TH, 2022

We are a 501c3 non-profit organization. All monetary donations and in-kind gifts are tax deductible according to IRS guidelines.

Table Sponsor: \$250.00 *Includes: table signage, advertisement in program and complimentary table reservation (8 tickets)*

Yes I plan to attend the luncheon *Reserve my tickets.*

No, I am not able to attend *DO NOT reserve my tickets.*

Luncheon Ticket: \$25.00 **Total # of Tickets** _____ **Total Ticket Cost \$** _____

Your ticket(s) will be reserved, under the contact name provided below at the event door or you can pick your ticket(s) up at our main hospice office.

In-Kind Gift: monetary gift or auction item

Amount/Item(s): _____

Table Sponsor Information:

Business/Group/Individual Name for table signage: _____

Contact Information:

Contact Name: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Payment Information:

My **check** is enclosed in the amount of: \$ _____ *Please make check payable to: United Hospice Service – Annual Hospice Luncheon*

OR Please charge my **credit card**: \$ _____

Name on Card: _____ Expiration Date: _____ Zip Code: _____

Credit Card Number: _____ CV Code: _____

