



The Friends of Van Dyke

proudly present

The Purple Hat Society's 14th Annual

High Tea

to benefit the VNA of Central Jersey Hospice Program

October 13, 2018 • 11:30 am – 3:00 pm

Eagle Ridge Golf Club • 2 Augusta Boulevard • Lakewood, NJ

Please R.S.V.P. by October 1, 2018 or visit www.rwjbh.org/hospicetea



SPONSORSHIP OPPORTUNITIES

All sponsorships include:

- Name and sponsorship level listed prominently at the event and program journal
- Recognition of electronic signage and podium at event

- | | |
|--|----------------|
| <input type="checkbox"/> English Breakfast Tea Sponsor | \$5,000 |
| • <i>Plus</i> Premier seating for 20 guests | |
| <input type="checkbox"/> Tea Pot Sponsor | \$2,500 |
| • <i>Plus</i> Premier seating for 10 guests | |
| <input type="checkbox"/> Silver Spoon Sponsor | \$1,000 |
| • <i>Plus</i> Premier seating for 5 guests | |

SUSTAINING GIFTS

- | | |
|--|--------------|
| <input type="checkbox"/> Friends of Van Dyke Table | \$550 |
| • Table for 10 guests | |
| <input type="checkbox"/> Purple Hat Society Friend | \$275 |
| • Table for 5 guests | |
| <input type="checkbox"/> Tickets | \$55 |
| <input type="checkbox"/> Honorary and Memorial Tributes for Event Program | \$50 |
| • Digital artwork to be displayed during event in memory of your loved one or in honor of a special person in your life. Artwork to include person's name being remembered/honored along with a dedication message along with your name or family's name. Email your message to Priscilla. Ofori@vnahg.org or call 973-370-8142 no later than 10/01/18. | |

CONTRIBUTOR

CONTACT PERSON

TELEPHONE

ADDRESS

CITY

STATE

ZIP

TICKET
\$55 each

NUMBER
OF TICKETS

TOTAL
AMOUNT ENCLOSED

\$55 x _____ = \$ _____

I would like to be seated with (Guests Names):

1) _____

2) _____

3) _____

4) _____

5) _____

6) _____

7) _____

8) _____

9) _____

10) _____

11) _____

12) _____



Visiting Nurse Association
of Central Jersey
Home Care and Hospice

Barnabas Health | **RWJBarnabas**
Home Care
and Hospice
HEALTH

VNA Health Group of New Jersey • A VNA Health Group and RWJBarnabas Health Partnership

ADDITIONAL INFO ON REVERSE SIDE.

HOSPICE
High Tea
TRIBUTE

Purchase a tribute with a \$50 donation in memory/honor of your loved one, committee member, or hospice team member with a short message from the family to be displayed the day of the event.

SAMPLE TRIBUTES:



Please charge a total of \$_____ to my:

☐ MC ☐ Visa ☐ Discover ☐ AMEX

NAME AS IT APPEARS ON CREDIT CARD ☐ PERSONAL ☐ CORPORATE

ACCOUNT # EXP. DATE SEC. CODE

CARDHOLDER'S ADDRESS

CITY STATE ZIP

SIGNATURE

EMAIL ADDRESS:

Please make check payable to Hospice and mail to:

Hospice Development Department • 80 Main Street, Suite 210 • West Orange, NJ 07052

Phone: 973-370-8142 • Federal Tax ID: 47-4841103



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