24th Annual NICU Graduate Reunion Picnic Fundraiser

All proceeds will support programs that enhance the care provided to future NICU newborns and their families.

To make a tax-deductible donation to this fundraising event, make a separate check payable to Newark Beth Israel Medical Center (NBIMC) and enclose it with your picnic registration.

For more details, please visit www.rwjbh.org/NBINicuPicnic

If you have questions about the event, please contact:

Rose Anne Turiano: 973.926.6774
Nohelia Cajina: 973.926.6057
Amanda Lanter: 973.926.7878
Graduates Give Back
Please donate NEW / UNOPENED baby clothes, toys and supplies for families who are in need in our NICU.

All you can eat! Loads of fun! Music, balloons, face painting, plus the Friendly Farmyard petting zoo.

NICU Graduates are FREE!

$25 for Graduate’s immediate family (Up to 2 adults and 2 siblings)

$25 for each additional adult (12 years and older)

$10 for each additional child (4-11 years old)

Make checks payable to: Newark Beth Israel Medical Center (NBIMC)

Please return response form with payment by Friday, September 20 to:

NBIMC Development Department
201 Lyons Avenue, G2
Newark, NJ 07112

Response Form
NICU Reunion Picnic • September 28, 2019 • Noon - 4pm
Please RSVP by Friday, September 20

You can register online at: www.rwjbh.org/NBINicuPicnic

Family Name: _______________________________________________________

Address: ___________________________________________________________

Email: ___________________________ Phone: _____________________________

Graduate Birth Name: ___________________ Date of Birth: ______________

Graduate’s Immediate Family ($25):

Number of Parents/Guardians Attending (up to 2): ______________

Number of Siblings (up to 2): ______________________________

Ages of Siblings: ______________________________

Additional Guests:

Adults $25 each (12 years and older): _____ + Children $10 each (4-11 years): _____ = Total: $_____

Total from Additional Guests: $_____

+ Immediate Family: $25

+ I’d like to make a tax deductible donation to the NICU in the amount of: $___________

= Amount Enclosed: _______________

Signature: ___________________________ Date: ______________

I agree to the use of any photos, film, or videotape of the event for any purpose.