

LEVELS OF GIVING

☐ **DIRECTOR: \$10,000 - Sponsors Group Therapy Program**

Includes: table for 12 guests

☐ **GROUP LEADER: \$5,000 - Sponsors Art Therapy & Arts and Crafts**

Includes: table for 10 guests

☐ **EVENT COORDINATOR: \$3,500 - Sponsors Music and Pet Therapy**

Includes: table for 8 guests

☐ **BIG SISTER: \$2,500 - Sponsors Camper Gear Bags**

Includes: 6 tickets

☐ **COUNSELOR: \$2,000 - Sponsors Afternoon Event**

Includes: 4 tickets

☐ **CAMPER AT HEART: \$1,000**

Includes: 2 tickets

Thank you for supporting



**EAST END
HOSPICE**

CAMP GOOD GRIEF

TICKET LEVELS

☐ **GOOD HEART: \$500 - 1 ticket**

☐ **FRIEND: \$325 - 1 ticket**

Contributions of \$500 or more will be listed in program

☐ I regret that I am unable to attend, enclosed is my tax-deductible donation of \$_____ (Please note the non-deductible portion is \$200.)

List how you would like your name to appear in program:

Name: _____

Phone: _____ Email: _____

Address: _____

Card # _____

Exp. Date _____ CVV Code _____ Billing Zip Code _____

Please make checks payable to:

East End Hospice, PO Box 1048 Westhampton Beach, NY 11978 EIN # 11-2878502

For additional information, contact Debbie Doyle, 631.288.7080, ddoyle@eeh.org

or donate online: eeh.org

25th Annual
Spring Salon
RSVP

Please reply by April 15, 2025

PLEASE LIST ADDITIONAL GUESTS BELOW:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____
11. _____