

★ ★ ★ **RED, WHITE & BLUE. WE GET A KICK OUT OF YOU!** ★ ★ ★

Hospice Caring Benefit Celebration

Contact Person _____

Business Name _____

Street Address _____ State ____ Zip Code _____

Phone _____ E-mail _____

Please reserve _____ place(s) at \$175 per person, or I would like to be a Sponsor or Benefactor* _____

(Please use the back of the card to list names of attendees.)

I will not be attending, but I would like to make a donation to Hospice Caring, Inc. \$ _____

★ ★ ★ ★ ★ ALL DONATIONS RECEIVED BY FEBRUARY 20, 2012 WILL BE LISTED IN OUR PROGRAM. ★ ★ ★ ★ ★

PAYMENT INFORMATION:

Check enclosed payable to Hospice Caring, Inc.

Discover, American Express, MasterCard and Visa accepted online. Go to www.hospicecaring.org, click Donate Now link on homepage, then designate Hexagon Revue Celebration and enter number of places reserved, or call (301) 869-HOPE (4673).

RSVP by February 20, 2012.

* For more information about this event or sponsorship opportunities visit www.hospicecaring.org or call (301) 869-HOPE (4673).



Hospice Caring, Inc.

Holding Hands *and* Healing Hearts

★ ★ ★ ★ ★ ★ ★ ★ ★ ★ NAMES OF ATTENDEES ★ ★ ★ ★ ★ ★ ★ ★ ★ ★

Name _____

Name _____

Name _____

Name _____

Name _____

Name _____

Name _____

Name _____

Name _____

Name _____

HOSPICE CARING, INC. BENEFIT FUNDRAISER

Hospice Caring, Inc. is a 501c(3) non-profit organization registered with the State of Maryland; our Federal EIN is 52-1591455. A copy of our current financial statement is available upon request by contacting Hospice Caring, Inc. at 518 S. Frederick Avenue, Gaithersburg, MD 20877-2325 or calling 301-869-HOPE. Documents and information submitted to the State of Maryland under the Maryland Charitable Solicitations Act are available from the Office of the Secretary.

Thank you for helping us continue our mission.