

RESPONSE CARD

*Secure, easy registration available online at atlantichhealth.org/wineandroses
or complete and return this card by mail.*

Name _____

Address _____

Telephone _____ Email _____

of General Admission Tickets _____ # of VIP Tickets _____

Yes, I would like to purchase a _____ Sponsorship Level

Yes, I would like to purchase _____ 50/50 Raffle Ticket(s) @ \$1,000 each

I cannot attend, but would like to make a donation of \$ _____

*No paper admission tickets will be issued. Simply email all attendee names to
kimberly.walsh@atlantichhealth.org and we'll be ready for you at the event check-in station!*

Make check payable to: Newton Medical Center Foundation

Please charge my credit card \$ _____

☐ VISA ☐ MASTERCARD ☐ AMEX ☐ DISCOVER OTHER _____

Card No. _____ Exp. Date _____

Name as it appears on credit card _____

Signature of cardholder _____

