



September Song 2008

PLEASE RESERVE

Patron reservations @ \$125 each = \$ _____

(includes these patron benefits: cocktail buffet, performance and complimentary parking)

Please print name(s) of guests

I am unable to attend but wish to make a tax-deductible donation \$ _____

Enclosed is my check for \$ _____

OR

Charge to my: MasterCard Visa Discover

Account number: _____ Exp. Date: _____

Signature: _____

Print name: _____

Address: _____

City: _____ State: _____ Zip: _____

Day Phone: _____ Email: _____

Please make checks payable to *Hospice Foundation of Central New York* and mail this form with your check or credit card information to: **Hospice Foundation of Central New York, 990 Seventh North Street, Liverpool, NY 13088 OR fax to 315.634.1111 by September 17, 2008**. The amount of your contribution that exceeds \$45 per reservation may be considered tax-deductible, please consult your tax advisor. **For more information call: (315) 634-1100.**

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