

# Sparkle of Hope 2009

Please Reserve: \_\_\_\_\_ Tickets @ \$140.00 per ticket

## Sponsors

_____	Benefactors (Receive 2 Tickets)	\$1,000 or more
_____	Patrons (Receive 2 Tickets)	\$500 or more
_____	Supporters (Donation; tickets not included)	\$250 or more
_____	Friends (Donation; tickets not included)	\$100 or more

*Please list your table guests' names on the reverse side of this card.  
We ask that all responses be made by Wednesday, October 8, 2009.*

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Name

Phone

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Address

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City

State

Zip

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Email

*Please make check payable to: Community Hope, Inc.,  
199 Pomeroy Road, Parsippany, NJ 07054  
In excess of \$60 per ticket is tax-deductible by law.*

# *Sparkle of Hope Table Guests*

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_


6. \_\_\_\_\_

7. \_\_\_\_\_

8. \_\_\_\_\_

9. \_\_\_\_\_

10. \_\_\_\_\_



***This response registers your guests at the event.***

*For more information, contact  
Community Hope at  
(973) 463.9600, Ext. 308 or  
[whuelsenbeck@communityhope-nj.org](mailto:whuelsenbeck@communityhope-nj.org)*