



FRIDAY, MARCH 21, 2025 DOORS OPEN 6:45 PM

PARK RIDGE MARRIOTT 300 BRAE BLVD., PARK RIDGE, NJ

Please print this form, legibly fill out, and return with payment to the address below.

| Name | PAYMENT OPTIONS: |
|---|--|
| Address | Check, Credit Card, or at novahope.org. |
| | CHECK: |
| City | Enclosed is \$ payable to: NOVA Hope for Haiti. |
| State Zip | CREDIT CARD: |
| Phone | \square Visa \square MasterCard \square AMEX |
| Email | Name on Card: |
| SPONSORSHIP PURCHASES: | Your Sponsor Name: |
| Diamond Monthly Clinic Sponsor – \$5,000 (includes 10 tickets) | Billing Address: □ (check if same as above) |
| Gold Blackjack Tournament Sponsors – \$3,000 (includes 6 tickets) | City: |
| Silver Sponsorship – Craps Tables – \$1,500 (includes 4 tickets) | State/Zip: |
| Roulette Tables - \$750 (includes 2 tickets) | Signature: |
| Black Jack or Poker Tables – \$350 each | Card Number: |
| Sponsorship Video – Full-screen Slide – \$100 | Exp. Date: |
| Sponsorship TOTAL \$ | Card Identification Number (3 digits on back of card or |
| TICKET PURCHASES: | 4 on front of AMEX) |
| Number of guests attending at \$125 each for a total of \$ | Reservations due by Friday, March 14, 2025. |
| ☐ I am unable to attend. Please accept my donation of \$ | Attendee names will be listed at the registration table. For more information, please contact Jan Mansley at jan.mansley@novahope.org, or 201-887-8809. Please |
| Ticket Purchase TOTAL \$ | return this form with payment by mail to: |
| | NOVA Hope for Haiti |
| GUEST NAME(S): | 176 Palisade Avenue |
| | Emerson, NJ 07630 |
| | NOVA Hope for Haiti is a registered 501(c)3 organization ID# 20-1854025 |