



NOVA HOPE FOR HAITI CASINO NIGHT

THE ROARING 20s

FRIDAY, MARCH 27, 2026

DOORS OPEN 6:45 P.M.

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.

City _____

CHECK:

State _____ Zip _____

Enclosed is \$_____ payable to: NOVA Hope for Haiti.

Phone _____

CREDIT CARD:

Email _____

Visa MasterCard AMEX

SPONSORSHIP PURCHASES:

Name on Card: _____

Diamond Monthly Clinic Sponsor – \$5,000
(includes 10 tickets)

Your Sponsor Name: _____

Gold Blackjack Tournament Sponsors – \$3,000
(includes 6 tickets)

Billing Address: (check if same as above) _____

Silver Sponsorship – Craps Tables – \$1,500
(includes 4 tickets)

City: _____

Roulette Tables – \$1,000 (includes 2 tickets)

State/Zip: _____

Poker Tables – \$500 each

Signature: _____

Blackjack 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
4 on front of AMEX) _____

TICKET PURCHASES:

Reservations due by Friday, March 20, 2026.

Number of guests attending at \$150 each for a total
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.

I am unable to attend. Please accept my donation of
\$_____

NOVA Hope for Haiti
176 Palisade Avenue
Emerson, NJ 07630

Ticket Purchase TOTAL \$_____

NOVA Hope for Haiti is a registered 501(c)3 organization
ID# 20-1854025

GUEST NAME(S):