



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

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

#### SPONSORSHIP PURCHASES:

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

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

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

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

\_\_\_ **Poker Tables** – \$500 each

\_\_\_ **Blackjack Tables** – \$350 each

\_\_\_ **Sponsorship Video – Full-screen Slide** – \$100

**Sponsorship TOTAL \$** \_\_\_\_\_

#### TICKET PURCHASES:

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

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

**Ticket Purchase TOTAL \$** \_\_\_\_\_

#### GUEST NAME(S):

\_\_\_\_\_  
\_\_\_\_\_

#### PAYMENT OPTIONS:

Check, Credit Card, or at novahope.org.

#### CHECK:

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

#### CREDIT CARD:

☐ Visa ☐ MasterCard ☐ AMEX

Name on Card: \_\_\_\_\_

Your Sponsor Name: \_\_\_\_\_

Billing Address: ☐ (check if same as above) \_\_\_\_\_

City: \_\_\_\_\_

State/Zip: \_\_\_\_\_

Signature: \_\_\_\_\_

Card Number: \_\_\_\_\_

Exp. Date: \_\_\_\_\_

Card Identification Number (3 digits on back of card or 4 on front of AMEX) \_\_\_\_\_

#### Reservations due by Friday, March 20, 2026.

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.

NOVA Hope for Haiti  
176 Palisade Avenue  
Emerson, NJ 07630

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