



Annual Hospice Fall Luncheon

Saturday, October 5th, 2024

Doors open at 12pm, lunch served at 12:30pm and auction to follow
Marlette Elementary School Gymnasium
6230 Euclid Street, Marlette, MI 48453

Dear Friend,

United Hospice Service invites you to join us for our Annual Hospice Luncheon featuring a delicious catered meal, live and silent auctions and prize raffle drawings. All proceeds from the Annual Hospice Luncheon will benefit United Hospice Service so we can continue to better serve those in our communities. We would like to extend our gratitude to Marlette Community Schools for graciously allowing us to host this event in their gymnasium.

If you would like to become a Hospice Luncheon Supporter, please complete the information at the bottom of this page and return it to United Hospice Service by Friday, September 27th, 2024.

Tickets can be purchased prior to the event by filling out the supporter opportunities below and returning in the envelope provided or by scanning the QR code below.

Platinum Sponsor: \$1,000

Includes: Recognition at Luncheon, 8 Meal Tickets, 25 Drawing Tickets, Table Sign, Acknowledgement on Facebook

Yes, please reserve my tickets No, do not reserve my tickets

Gold Sponsor: \$750

Includes: Recognition at Luncheon, 8 Meal Tickets, 15 Drawing Tickets, Table Sign, Acknowledgement on Facebook

Yes, please reserve my tickets No, do not reserve my tickets

Silver Sponsor: \$500

Includes: Recognition at Luncheon, 8 Meal Tickets, 10 Drawing Tickets, Table Sign, Acknowledgement on Facebook

Yes, please reserve my tickets No, do not reserve my tickets

Bronze Sponsor: \$250

Includes: Recognition at Luncheon, 8 Meal Tickets

Yes, please reserve my tickets No, do not reserve my tickets

General Admission: \$25 per person

Includes: Meal Ticket

of Tickets: _____ Total: \$ _____

General Donation: \$ _____

Tickets may be purchased at the door or online prior to the event by scanning the QR code to the right.



Scan Me

We are a 501c3 non-profit organization. All monetary donations and in-kind gifts are tax deductible according to IRS guidelines.

Contact Information:

Contact Name: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Payment Information:

My check is enclosed in the amount of: \$ _____ (Please make checks payable to: United Hospice Service - Annual Hospice Luncheon)

Please charge my credit card in the amount of: \$ _____

Cardholder Name: _____ Expiration Date: _____ Zip Code: _____

Credit Card Number: _____ CV Code: _____