

Chips for Charity

Please Respond by February 28th

Yes, I would like to attend / donate to the event.

Name _____

Address _____ State ____ Zip _____

Phone _____ Email _____

No. of Guests ____ at \$125 per person = \$_____ (Includes \$500 per person in "funny money")

Additional Donor Opportunities

_____ **Four-of-a-Kind: \$500**
Includes Casino Table Signage,
Recognition in Event Program & League Newsletter

_____ **Straight: \$150**
Recognition in Event Program

_____ **Flush: \$250**
Includes Recognition in
Event Program & League Newsletter

_____ **50/50 Raffle Tickets**
1 for \$20 or 3 for \$50
(Tickets will be mailed)

Although I cannot attend I wish to contribute \$_____.

Please see reverse for payment options.

Chips for Charity

Enclosed is a check, payable to JLOSH, in the amount of \$ _____.

Please charge \$ _____ to my _____ VISA _____ Mastercard _____ AMEX
Card# _____ Exp. Date _____ CID# _____ Zip _____
Signature _____

You may also respond to the event and pay online at **www.jlosh.org**.

For more information please call the JLOSH office at (973) 379-9655 or
email us at **jlosh1913@gmail.com**.

Matching Gifts are encouraged and appreciated.

JLOSH is a registered 501(c)(3) organization.