

R.S.V.P. Neverland Ball *by January 29, 2016*

Yes, I will attend. _____ Number of Tickets at \$100/per person
(includes cocktail reception, dinner and full service open bar)

No, I can't attend. My donation of \$_____ is enclosed

Name _____

Phone _____ Email _____

Event Sponsorship *(see sponsorship opportunities listed on invitation)*

I would like to be a _____ event sponsor

Total amount enclosed \$_____ *(tickets and sponsorship)*

Credit card option available, please see reverse side.

Checks should be made payable to:

The Sophie Jane Darr Children's Foundation

For more information contact Jane Rapone

Phone # 856-667-0401


Sophie Jane Darr
CHILDREN'S FOUNDATION

Credit Card option:

Please complete the information below or go to our website to pay on line.
www.sophiejanedarrchildrensfoundation.org



Please charge \$ _____ amount to my credit card

Visa _____ Master card _____ American Express _____ Discover _____

Card Number: _____

Expiration Date: _____

Name on Card: _____

Card Billing Address: _____
