



Visiting Nurse Association
of Central Jersey Hospice

12th Annual Holiday Dinner Dance Super 50/50 Cash Raffle Form

Please send me _____ # of Raffle Tickets at \$100 each. Total Amount Enclosed \$ _____

Name _____

Address _____

City _____ State _____ Zip _____

Telephone _____ Email _____

Check enclosed (payable to VNA Health Group) AMEX MasterCard Visa

Credit Card # _____ Exp. Date _____ Sec. Code _____

Name on Card _____

Signature _____

Mail completed form with payment to:

VNA Foundation
23 Main Street, Suite D1
Holmdel, NJ 07733

Or email form to:

foundation@vnahg.org

For questions, please call 732-224-6780.