



capitahealth

chairman's reception

12.05.19

Capital Health gratefully acknowledges our generous sponsors for your leadership in supporting the Chairman's Reception and our commitment to pursuing ever higher levels of quality care and services.

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CORDIALLY INVITES YOU TO THE



CHAIRMAN'S RECEPTION



THURSDAY, DECEMBER 5, 2019 • 6:30 P.M.
(program will begin at 7:30 p.m.)

THE STONE TERRACE
2275 KUSER ROAD • HAMILTON, NJ 08690

Business attire please
Reply card enclosed

Proceeds help sustain Capital Health's unwavering
commitment to deliver superior medical services.



For further information, please call the
Development Office at 609.303.4346



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THE FUND FOR MEDICAL EXCELLENCE

Gifts to the Fund for Medical Excellence provide vital philanthropic resources to help ensure that Capital Health has the flexibility to respond to the ever changing needs in medical care, while providing progressive, compassionate, and exceptional patient care to the populations we serve in urban and suburban communities.

Please print all guests' names.

First Name

Last Name

First Name

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Last Name

If you wish to be removed from our mailing list for invitations and other related fundraising activities, please call 609.303.4346, send a written request with your name and address to Capital Health Development Office, Two Capital Way, Suite 361, Pennington, NJ 08534, or e-mail your request to jmcgann@capitalhealth.org.

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Please consider supporting the Chairman's Reception with a leadership level sponsorship. All sponsorships include special recognition at the event and tickets.

- GOLD SPONSOR** **\$10,000**
Includes 8 tickets
with reserved seating
- SILVER SPONSOR** **\$ 5,000**
Includes 4 tickets
- BRONZE SPONSOR** **\$ 2,500**
Includes 2 tickets



For more information about sponsorship opportunities, please call the Development Office at 609.303.4346.

- INDIVIDUAL TICKETS** # _____ @ **\$150** each (\$20 per ticket is tax deductible)
 - We also wish to make a tax-deductible contribution in support of exceptional programs and services that Capital Health continues to provide.
 - \$2,000 \$1,000 \$500 \$250 Other \$ _____
 - We are unable to attend, but have enclosed a contribution of:
 - \$2,000 \$1,000 \$500 \$250 Other \$ _____

RETURN ADDRESS: *Capital Health Development Office
Two Capital Way, Suite 361, Pennington, NJ 08534*

Name _____

Company _____

Address _____

City _____ State _____ Zip _____

Phone _____

Email _____

Please charge my credit card: Visa MasterCard American Express

Account Number _____

Expiration Date _____ Security Code _____ Billing Zip _____



KINDLY RESPOND BY THURSDAY, NOVEMBER 21, 2019

Please indicate the names of your guests on the back of this card.

