



Jewish Family Service
of MetroWest New Jersey

An Evening of Laughter

TO BENEFIT JEWISH FAMILY SERVICE OF METROWEST NJ

HONORING MICHAEL ELCHONESS

Featuring comedian **GARY GULMAN**

WEDNESDAY, JUNE 8, 2016

Temple Beth Ahm Yisrael, Springfield, NJ

🎟 Tickets 🎟

- | | | |
|---|---|---|
| <input type="checkbox"/> BENEFACTOR
\$360 per person 6:30 pm
<i>(includes private, sumptuous cocktail reception, dessert & tickets in Benefactor Section)</i> | <input type="checkbox"/> GENERAL
\$180 per person 7:00 pm
<i>(includes drinks, passed hors d'oeuvres, dessert & tickets in General Seating section)</i> | <input type="checkbox"/> YOUNG PROFESSIONAL
\$90 per person 7:00 pm
<i>(includes drinks, passed hors d'oeuvres, dessert & tickets in General Seating section)</i> |
|---|---|---|

📖 Tribute Journal 📖

- | | | |
|---|---|--|
| <input type="checkbox"/> Gold Benefactor Page \$10,000
<i>(includes Gold listing & 6 tickets in Benefactor Section & reception*)</i> | <input type="checkbox"/> Bronze Benefactor Page \$2,500
<i>(includes Bronze listing & 2 tickets in Benefactor Section & reception*)</i> | <input type="checkbox"/> Full Page \$1,000
<input type="checkbox"/> Half Page \$600
<input type="checkbox"/> Quarter Page \$360
<input type="checkbox"/> Friends Listing \$180 (names only) |
| <input type="checkbox"/> Silver Benefactor Page \$5,000
<i>(includes Silver listing & 4 tickets in Benefactor Section & reception*)</i> | <input type="checkbox"/> Full Blue Page \$1,500
<i>(includes 2 tickets in Benefactor Section & reception*)</i> | |

Name: _____
(as you wish it to appear in print)

Address: _____ e-mail: _____

City/State/Zip: _____

Contact Person: _____ Telephone: _____

- My check is enclosed made payable to **JFS of MetroWest** (for tickets, journal, or both)
- Please charge to my VISA MasterCard American Express (for tickets, journal, or both)

Acct # _____ Expiration Date: _____ Security Code: _____

Name of Cardholder: _____ Signature: _____

- My journal copy is attached My journal copy is being emailed to amillman@jfsmetrowest.org

I DON'T WISH TO TAKE AN AD AND CANNOT ATTEND, BUT I'D LIKE TO MAKE A CONTRIBUTION \$ _____

Return to: Lois Kaish, Tribute Journal Chair
 Jewish Family Service of MetroWest
 256 Columbia Turnpike, Suite 105, Florham Park, NJ 07932
 Phone: 973-765-9050 Fax: 973-765-0195 Email: amillman@jfsmetrowest.org

JOURNAL CLOSING DATE: MAY 10, 2016

Solicited by: _____

* Due to IRS regulations, tickets will not be included for ads paid from foundations or donor advised funds
 Jewish Family Service of MetroWest is a 501-C-3 non-profit organization (tax ID# 221-687-995). All contributions are tax-deductible as applicable under IRS guidelines.