

# Little Sisters of the Poor - St. Joseph's Home for the Elderly

## 11<sup>th</sup> Annual Basket Bonanza

Questions? Please call: 973-942-0300, exts. 316 or 388  
or e-mail: [twdevelopment@littlesistersofthepoor.org](mailto:twdevelopment@littlesistersofthepoor.org)

### Mail dinner tickets to:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Guest's Name(s)**

**Phone #**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_
9. \_\_\_\_\_
10. \_\_\_\_\_

# of Tickets: \_\_\_\_\_ @ \$55.00/ticket      **TOTAL: \$** \_\_\_\_\_

{All proceeds to benefit the Residents of St. Joseph's Home for the Elderly.}

**PLEASE MAKE CHECKS PAYABLE TO: LITTLE SISTERS OF THE POOR.**

**Write "Basket Bonanza" in Note/Memo Line.**

**Unable to attend, but enclosed is my donation of: \$** \_\_\_\_\_

**Check**                       **Credit Card**

Please charge my:  American Express    Discover    Master Card    Visa

Name on Card: \_\_\_\_\_

Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Credit Card #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ CVV Code: \_\_\_\_\_

Signature: \_\_\_\_\_

*(Address must match the address for the credit card you are using.) \*Tickets are non-refundable.*

### **SEND PAYMENT TO:**

**Development Office  
Little Sisters of the Poor/St. Joseph's Home for the Elderly  
140 Shepherd Lane  
Totowa, N.J. 07512**

Thank you for your generous support!