



THE FAVOR OF
A REPLY IS
REQUESTED BY
—◆—
OCTOBER 12, 2017

NAME OF GUESTS

Name

Address

City

State

Zip

Phone

Email

Please see reverse side for payment information.

Gala Ticket \$275

Gala Tickets _____ x \$275 = \$ _____

First Time Gala Attendee \$175

Gala Tickets _____ x \$175 = \$ _____

Can't Attend? Sponsor a person with aphasia by purchasing a ticket for them. My donation is \$ _____.

Check Enclosed, payable to Adler Aphasis Center

Master Card Visa American Express

Card Number

Expiration Date

Signature

Date



Adler Aphasis Center

60 West Hunter Avenue
Maywood, NJ 07607
201.368.8585

Adler Aphasis Center at West Orange

JCC MetroWest
760 Northfield Avenue
West Orange, NJ 07052
973.530.3981

Aphasis Communication Groups

Bridgewater • Haddonfield • Hammonton
Maywood • Monroe • Morristown
Scotch Plains • Toms River • Union City