



CARING TOGETHER, LET'S CELEBRATE

YOU'RE INVITED!

JUNE 7, 2023 6PM

DANVERSPORT

An evening celebration to benefit patients and families in Danvers and along the North Shore



VNA Care

CARING TOGETHER, LET'S CELEBRATE

RSVP by May 24

Caring Together, Let's Celebrate! is dedicated to raising awareness and funds that advance the home-based health care and end-of-life programs VNA Care provides to patients and families on the North Shore.

Community partners and donors are the most integral part of our fundraising efforts at VNA Care.

Every dollar raised through Caring Together, Let's Celebrate! allows VNA Care patients to live life to the fullest through high-level home health and hospice services that include comprehensive and compassionate medical care, counseling and support.

To make a gift today and purchase tickets, please use the enclosed reply card.

For more information, please contact us at:
508-658-7700 or Karen_Webber@VNACare.org

VNACare.org/Celebrate

Presenting Sponsor



Media Sponsor

northshore
MAGAZINE

North Shore Community Cabinet:

John Archer, Chair, Lorraine Bunker, Joan Fitzpatrick, RN, Christine Gauthier-Kelley, RN, Maryann Kowalski, Jack Kriteman, MD, Deb Lawson, Michael Morris, Lisa O'Connell, Aimee Oliver, Debbie O'Malley and Karen Webber

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TICKETS

\$50 each _____ Number requested

I am unable to attend, but please accept my donation of
\$ _____

In Memory/Honor of _____

SPONSOR PACKAGES

Your tax-deductible support as a sponsor helps fund critical programs for North Shore patients and families.

- | | | |
|--|-------------------------|---------|
| <input type="checkbox"/> Inspired Leader | Recognition, 10 tickets | \$5,000 |
| <input type="checkbox"/> Changemaker | Recognition, 5 tickets | \$2,500 |
| <input type="checkbox"/> Advocate | Recognition, 3 tickets | \$1,000 |
| <input type="checkbox"/> Caregiver | Recognition, 2 tickets | \$500 |

Name(s) of those attending

VNA Care is a not-for-profit, tax-exempt organization.

(See reverse side)

CARING TOGETHER, LET'S CELEBRATE!

RSVP BY MAY 24

Name _____

Email _____

Address _____

Enclosed is a check payable to VNA Care

Total amount to be charged to below credit card
\$ _____

Please charge:

Visa Mastercard Amex Discover

Card Number _____

Exp. Date _____ Security Code _____

**Contributions and ticket purchases may also
be made online:
www.vnacare.org/celebrate**

We are grateful for your support!

