

Please RSVP by May 1, 2024

Enclosed is \$ _____ for _____ Tickets

Members - \$225 Non-Members - \$250

Name _____

Address _____

City/State/Zip _____

Email Address _____

Phone _____

Name(s) of Attendee(s) _____

Make all checks payable to NJAAP (14th Annual Children's Ball).

Credit Card: VISA Mastercard American Express

Card # _____ Expiration _____ CSV Code _____

Name on Card _____

For more information, please contact Bert Mulder at bmulder@njaap.org (609-842-0014, ext. 105)

I/we are unable to attend, but please accept my/our tax deductible donation towards improving the quality of children's healthcare in New Jersey. \$25 \$50 \$100 \$200 Other \$ _____

RSVP may be sent to: NJAAP, 50 Millstone Road, Bldg 200, Ste. 130 East Windsor, NJ 08520,
email to: njchapter@njaap.org or faxed to 609-842-0015

See back