Willowwood Foundation Lilae Party

Sunday, May 4, 2025



I (We) would like to attend the party

Name	
Address	
Telephone Number	
C-Mail Address	
Benefactor(s) at \$500.00 per person	\$
Patron(s) at \$300.00 per person	\$
Sponsor(s) at 125.00 per person	\$
Unable to attend but wish to contribute	z. Enclosed is \$
Pay of Event Ticket at \$125 Benefactor will receive a 3:30 tour of T and front row seating. Patrons will r Please make checks payable to: The (Any amount over \$45 per pers	he Willowwood Arboretum receive front row scating. Willowwood Foundation
Please RSVP by N The Willowwood Foundation (P.O. Box 218, Gladstone, Ne 908-234-1812 wwfoundation@willowwood	Benefit Committee zw Jersey, 07934 5
Your tax exempt donation will benef	it an endowment to the

Willowwood Foundation to secure its future.

Please add my guests to your mailing list.

Name		 		
-				
Name		 	 	
Address_		 		
Name	 	 	 	
Name				
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