

The Walsh Family Five

*(Tom "Dilly," Barbara,
Kara, Marisa & Dylan)*

and friends

Invite you to join them at



Vineyard Night

07.23.2009

*a Benefit For
Compassionate Care ALS
(Lou Gehrig's Disease)*

Cocktails

Hearty Hors D'oeuvres

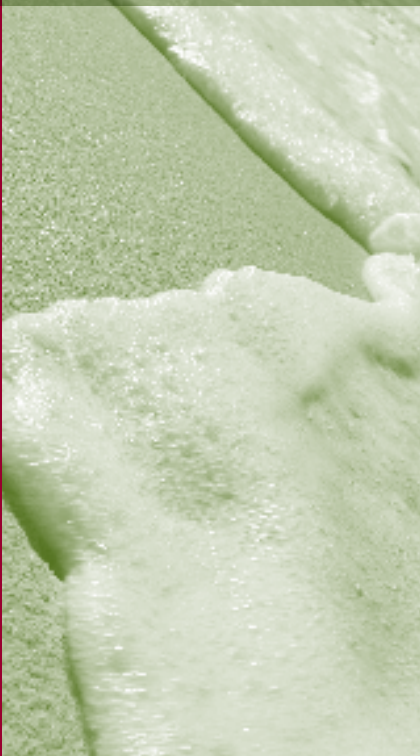
Buffet Dinner

Featuring Johnny Hoy and the Bluefish

Guest appearance by "Ripsaw Band"

from Turks & Caicos Islands

Live & Silent Auction



All Love Survives



CCALS exists solely to offer individualized support to those currently living with ALS, their families and caregivers. When requested, we strive to accompany them on their journey, actively listen to their concerns, care for their needs, offer guidance and equip them to face end of life issues with dignity and peace.

All Love Survives

When

*Thursday, July 23, 2009
5pm to 11pm*

Where

*320 Middle Rd
Chilmark
Martha's Vineyard, MA 02535*

Music

*Featuring Johnny Hoy and the Bluefish
Guest appearance by Ripsaw Band from Turks & Caicos Islands*

Tickets

*Sponsorship Levels
Platinum \$2500
Gold \$1000
Silver \$500
Bronze \$250*

Individual Tickets \$100

*Tickets can be ordered online at www.ccals.org
or by sending checks payable to:
Compassionate Care ALS, PO Box 1052
West Falmouth, MA 02574*

Babysitting available.

*For questions or more information, please contact
Ted at Dynamic Solution Associates (617) 731-5656.*

Vineyard Night Planning Committee

Janet & Rick Bayley
Ted Cammann
Michael Gillespie, Oyster Bar & Grille
Sherry Mattison
Pat & Paul Murphy
Susan & Bill Poduska
Barry Roy
Brent Taylor
Barbara Walsh
Dylan Walsh
Kara Walsh
Marisa Walsh
Meg & John Verret
Jan & John Wightman
Joyce & Paul Zimmerman
Jimmy Zisson

We are holding Vineyard Night as a benefit for Compassionate Care ALS in honor of Tom “Dilly” Walsh. Dilly was diagnosed with ALS in 2007 and has received tremendous support from the innovative work of Compassionate Care ALS.

*Compassionate Care ALS is a 501(c)(3) nonprofit organization
Federal Tax ID number 04-3567819*

Vineyard Night for Compassionate Care ALS

Name _____

Street Address _____

City, State, Zip _____

Phone _____ Email _____

I'd like to reserve _____ tickets at \$100 each (Tickets will be held at the door)

I'd like to sponsor this event:

Platinum \$2500 Gold \$1000 Silver \$500 Bronze \$250

Please accept an additional donation of:

\$100 \$500 \$1,000 \$2,500 \$5,000 Other _____

I/We are sorry that I/we are not able to attend. Please accept the enclosed tax-deductible donation of \$ _____

Total Enclosed \$ _____

Pay By Personal Check *(Please enclose check in envelope payable to Compassionate Care ALS)*

Charge My Credit Card: Mastercard Visa AMEX

Account Number _____ 3 or 4 Digit Security Code _____

Expiration Date (month/year) ____ / ____ Signature _____

Tickets can be ordered online at www.ccals.org