

# 24<sup>th</sup> Annual NICU Graduate Reunion Picnic Fundraiser

All proceeds will support programs that enhance the care provided to future NICU newborns and their families.

**To make a tax-deductible donation** to this fundraising event, make a separate check payable to **Newark Beth Israel Medical Center (NBIMC)** and enclose it with your picnic registration.

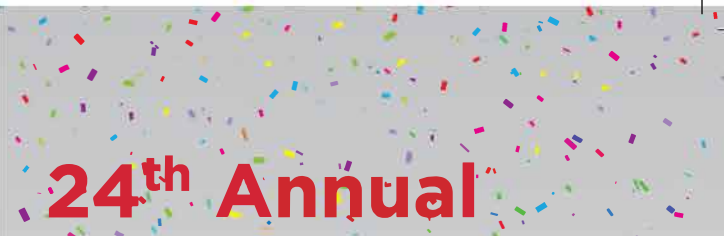
For more details, please visit

[www.rwjbh.org/NBINicuPicnic](http://www.rwjbh.org/NBINicuPicnic)

**If you have questions about the event, please contact:**

Rose Anne Turiano: 973.926.6774  
Nohelia Cajina: 973.926.6057  
Amanda Lanter: 973.926.7878

Division of Neonatal Medicine  
Children's Hospital of New Jersey  
at Newark Beth Israel Medical Center  
201 Lyons Avenue • Newark, NJ 07112



# 24<sup>th</sup> Annual NICU Graduate Reunion Picnic

Saturday,  
September 28, 2019  
Noon - 4pm

Costa del Sol Restaurant  
2443 Vauxhall Road  
Union, New Jersey 07083

**Newark Beth Israel  
Medical Center**

**RW**Barnabas  
HEALTH

NICU Graduate Reunion Picnic - Saturday, September 28, 2019



# Graduates Give Back

Please donate NEW / UNOPENED baby clothes, toys and supplies for families who are in need in our NICU.

All you can eat! Loads of fun! Music, balloons, face painting, plus the Friendly Farmyard petting zoo.

## NICU Graduates are FREE!

**\$25** for Graduate's immediate family  
(Up to 2 adults and 2 siblings)

**\$25** for each additional adult  
(12 years and older)

**\$10** for each additional child  
(4-11 years old)

**Make checks payable to:  
Newark Beth Israel Medical Center  
(NBIMC)**

**Please return response form with  
payment by Friday, September 20 to:**

NBIMC Development Department  
201 Lyons Avenue, G2  
Newark, NJ 07112

# Response Form

**NICU Reunion Picnic • September 28, 2019 • Noon - 4pm**

**Please RSVP by Friday, September 20**

**You can register online at: [www.rwjbh.org/NBINicuPicnic](http://www.rwjbh.org/NBINicuPicnic)**

Family Name: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Graduate Birth Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

## Graduate's Immediate Family (\$25):

Number of Parents/Guardians Attending (up to 2): \_\_\_\_\_

Number of Siblings (up to 2): \_\_\_\_\_

Ages of Siblings: \_\_\_\_\_

## Additional Guests:

Adults \$25 each (12 years and older): \_\_\_\_\_ + Children \$10 each (4-11 years): \_\_\_\_\_ = Total: \$ \_\_\_\_\_

Total from Additional Guests: \$ \_\_\_\_\_

+ Immediate Family: **\$25**

+ I'd like to make a tax deductible donation to the NICU in the amount of: \$ \_\_\_\_\_

= Amount Enclosed: \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*I agree to the use of any photos, film, or videotape of the event for any purpose.*