

# Joseph M. Sanzari Charity Motorcycle Run & Raffle

Proceeds to benefit The Retreat & Recovery At Ramapo Valley, a division of Hackensack Meridian Carrier Clinic, Behavioral Health services and Hackensack Meridian Children’s Health at Joseph M. Sanzari Children’s Hospital.

**SATURDAY, SEPTEMBER 24, 2022**

**9 a.m. – 4 p.m.**

Sponsored by  
**Joseph M. Sanzari of Joseph M. Sanzari, Inc.**  
and



Hackensack Meridian  
Hackensack University  
Medical Center Foundation

**Raffle tickets: \$100 per ticket for a Chance to Win a 2022 Harley-Davidson FLHXS Street Glide Special in “Midnight Crimson/Black on Black”**

*Retail Value \$31,900\* (see reverse for details)  
Winner also receives choice of helmet. (Value up to \$200)*

**Motorcycle & helmet donated by  
Joseph M. Sanzari**



**Drawing to be held at Ross Dock, Fort Lee, NJ  
Saturday, September 24, 2022 at 3 p.m.**

*Winner need not be present to win. The winning raffle ticket number will be announced on the following website.*

**Visit  
Give.HackensackMeridianHealth.org/2022MotorcycleRaffle  
to purchase raffle tickets, register or  
sponsor the event.**

*For additional information, please email  
paige.cooper@hmn.org.*

*No one under the age of 18 years is permitted to participate.  
If gambling is a problem for you or someone in your family,  
dial 1-800-GAMBLER.*

**Please send me \_\_\_\_\_ ticket(s) at \$100 each for the  
2022 Charity Motorcycle Raffle.\***  
Enclosed is my check in the amount of \$ \_\_\_\_\_.

**Please make check(s) payable and mail to:  
Hackensack University Medical Center Foundation  
Attn: 2022 Charity Motorcycle Raffle  
343 Thornall Street, 7th Floor, Edison, NJ 08837**

\*Winner is responsible to pay federal taxes at 24% of the prize value upon receipt of the prize. Harley-Davidson Motor Company is not endorsing, sponsoring or otherwise affiliated with this promotion. In accordance with the Internal Revenue Service regulations, the price of raffle ticket(s) is not deductible as a charitable contribution. NJ STATE ID# 180-4-15626 RL# 5-2022

Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Charge my credit card in the amount of \$ \_\_\_\_\_

AMEX  Visa  MasterCard  Discover

Credit Card No. \_\_\_\_\_

Exp. Date \_\_\_\_\_ / \_\_\_\_\_ Security Code \_\_\_\_\_

Name on Credit Card \_\_\_\_\_

Signature \_\_\_\_\_