

Sponsorships

ARE THE FOUNDATION OF OUR BENEFIT, ALLOWING US TO DEDICATE MORE FUNDS TO OUR SERVICES

- DIAMOND \$ 7,500 Reserved Table of 12, "Presented by" with your name below Event logo on all Promotional Materials, your Products/Materials displayed at the Event, your logo on CoveCare Center Website, Full Sponsor Ad*, & Public Recognition at the Event
- PLATINUM \$ 5,500 Reserved Table of 10, your logo on CoveCare Center Website, Full Sponsor Ad*, Recognition at the Event, & Acknowledgment in all Promotional Materials
- GOLD \$ 3,500 8 Tickets, Full Sponsor Ad*, Recognition at the Event & Acknowledgment in all Promotional Materials
- SILVER \$ 2,500 4 Tickets, Full Sponsor Ad*, Recognition at the Event & Acknowledgment in all Promotional Materials
- BRONZE \$ 1,500 2 Tickets, Full Sponsor Ad*, Recognition at the Event & Acknowledgment in all Promotional Materials
- FRIEND \$ 500 Full Sponsor Ad* & Acknowledgment in all Promotional Materials

Journal Ads

*ADS MUST BE RECEIVED BY SEPTEMBER 16TH

- ~~Back Cover (Color ad)~~† **SOLD \$500**
- ~~Inside Front/Back Cover (Color ad)~~† **SOLD \$350**
- Full Page **\$250**
- Half Page **\$150**
- Business Card/Greeting **\$75**
- Friends Name Listing **\$25**

† Call for Availability of Cover Ads

Cover/Full Page Size: 7" h x 4.5" w Half Page Size: 3.5" h x 4.5 w Please email ad to DLevin@CoveCareCenter.org
For highest quality, email as attachments in Windows compatible format (PDF preferred-300 dpi minimum, or png, jpeg, tiff, Word, or Publisher files.)

Auction Items

DONATED ITEMS MUST BE RECEIVED BY SEPTEMBER 22ND

- I have enclosed a gift certificate
- I will contact Debbie Levin at 845-225-2700, x136 or DLevin@CoveCareCenter.org to discuss my donation.

Reservations

PLEASE RESERVE BY SEPTEMBER 29TH AND LIST ALL GUESTS BELOW

- Individual Seating \$125 per person I would like to reserve _____ seats for a total of \$_____.
- Reserved Table of 10
- I am unable to attend, but would like to make a "celebrate at home" donation of \$_____.

PLEASE PRINT ALL INFORMATION AND RETURN TO:

COVECARE CENTER, ATTN: DEBBIE LEVIN
1808 RTE. 6, CARMEL, NY 10512

Questions? Contact Debbie Levin at 845-225-2700 x 136
or at DLevin@CoveCareCenter.org

Name _____

Company _____

Address _____ City _____ State _____ Zip _____

Phone _____ E-Mail _____

Total Amount \$ _____ Enclosed is my check made payable to CoveCare Center Please charge my: Visa Mastercard Amex Exp. Date _____

Card # _____ Signature (Required) _____

GUESTS: _____