



COUNSELING THAT EMPOWERS CHANGE

# 2019 Imagine Gala

## Honoring Our Veterans & John F. Bourges of the Dwyer Vet2Vet Program

Friday, October 18th, 2019, 6:30 pm  
Vittoria'Z on the Lake, Jefferson Valley, NY

### Sponsorships

- DIAMOND** \$ 7,500 Table of 12, your logo on the CoveCare Center website, full page sponsor ad\*, acknowledgment at the Gala and in all promotional materials
- PLATINUM** \$ 5,000 Table of 10, your logo on the CoveCare Center website, full page sponsor ad\*, acknowledgment at the Gala and in all promotional materials
- GOLD** \$ 3,500 8 Tickets, your logo on the CoveCare Center website, full page sponsor ad\*, acknowledgment at the Gala and in all promotional materials
- SILVER** \$ 2,500 4 Tickets, your logo on the CoveCare Center website, full page sponsor ad\*, acknowledgment at the Gala and in all promotional materials
- BRONZE** \$ 1,500 2 Tickets, your logo on the CoveCare Center website, full page sponsor ad\*, acknowledgment at the Gala and in all promotional materials
- FRIEND** \$ 500 Your logo on the CoveCare Center website, full page sponsor ad\*, acknowledgment at the Gala

~~Sponsored Veteran Table~~ **SOLD**

### Journal Ads

\*ADS MUST BE RECEIVED BY SEPTEMBER 18th

- |                                                                                   |       |                                                        |       |
|-----------------------------------------------------------------------------------|-------|--------------------------------------------------------|-------|
| <input type="checkbox"/> <b>Back Cover (Color)**</b>                              | \$500 | <input type="checkbox"/> <b>Full Page</b>              | \$250 |
| <input type="checkbox"/> <b>Inside Front Cover OR Inside Back Cover (Color)**</b> | \$350 | <input type="checkbox"/> <b>Half Page</b>              | \$150 |
| <i>**Call for Availability of Cover Ads</i>                                       |       | <input type="checkbox"/> <b>Business Card/Greeting</b> | \$75  |
| <b>Cover/Full Page Size: 7" h x 4.5" w,</b>                                       |       | <input type="checkbox"/> <b>Friends Name Listing</b>   | \$50  |
| <b>Half Page Size: 3.5" h x 4.5 w</b>                                             |       |                                                        |       |

For highest quality, email as attachments in Windows compatible format (PDF preferred-300 dpi minimum, or png, jpeg, tiff, Word, or Publisher files.)  
Please send ad to: [development@covecarecenter.org](mailto:development@covecarecenter.org)

### Auction Items

DONATED ITEMS MUST BE RECEIVED BY SEPTEMBER 27th

- I have enclosed a gift certificate/gift card.
- I will contact the Development Coordinators, Jackie or Melinda, at 845-225-2700, x207/x214 to discuss my donation.

### Reservations

PLEASE RESERVE BY SEPTEMBER 28th 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 donation of \$\_\_\_\_\_.**

PLEASE PRINT ALL INFORMATION AND RETURN TO:  
COVECARE CENTER, ATTN: DEVELOPMENT COORDINATORS  
1808 RTE. 6, CARMEL, NY 10512

Questions? Contact the Development Coordinators  
Jackie or Melinda at 845-225-2700 x207/x214  
[development@covecarecenter.org](mailto:development@covecarecenter.org)

Name \_\_\_\_\_  
 Company \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone \_\_\_\_\_ E-Mail \_\_\_\_\_  
 Total Amount \$ \_\_\_\_\_  Enclosed is my check made payable to CoveCare Center OR Please charge my credit card:  Visa  Mastercard  Amex  
 Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_ CVV \_\_\_\_\_ Signature (Required) \_\_\_\_\_

GUESTS: \_\_\_\_\_

All donations are tax deductible to the fullest extent provided by law.