



COUNSELING THAT  
EMPOWERS CHANGE

# IMAGINE Dinner Dance Benefit to Honor Diane E. Russo

Friday, October 12th, 2018, 6:30 pm at The Salem Golf Club

## Sponsorships 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 14th

- Back Cover (Color ad) <sup>†</sup> \$500
- Inside Front/Back Cover (Color ad) <sup>†</sup> \$350

<sup>†</sup>Call for Availability of Cover Ads

- Full Page \$250
- Half Page \$150
- Business Card/Greeting \$75
- Friends Name Listing \$50

Cover/Full Page Size: 7" h x 4.5" w      Half Page Size: 3.5" h x 4.5 w      Please email ad to [SEdelstein@CoveCareCenter.org](mailto:SEdelstein@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 21st

- I have enclosed a gift certificate
- I will contact Susan Edelstein at 845-225-2700, x136 or [SEdelstein@CoveCareCenter.org](mailto:SEdelstein@CoveCareCenter.org) 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 "celebrate at home" donation of \$\_\_\_\_\_.

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

Questions? Contact Susan Edelstein at 845-225-2700 x136  
or at [SEdelstein@CoveCareCenter.org](mailto:SEdelstein@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: \_\_\_\_\_