



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)~~ [†] **SOLD \$500**
 - ~~Inside Front/Back Cover (Color ad)~~ [†] **\$350**
- [†]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
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 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

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: _____