



COUNSELING THAT
EMPOWERS CHANGE

2019 Imagine Gala

Honoring Our Veterans &
The Joseph P. Dwyer Vet2Vet Program

John F. Bourges accepting the honor on their behalf

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

- ~~Back Cover (Color)~~ **SOLD** \$500
- ~~Inside Front Cover~~ **SOLD**, ~~Inside Back Cover (Color)~~ **SOLD** \$350
- 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

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

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

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.