

2021 Imagine Reception

Honoring Joseph D. Roberto - Chairman, President & CEO PCSB Bank & PCSB Community Foundation

Sponsorships

Thursday, September 30th, 2021~6pm-9pm Centennial Golf Club, Carmel, NY

oponsorsin	Po			Centennal don Cit	ub, Gariner, NT	
□ DIAMOND	\$ 7,500	Reserved Table of 8, your logo on the CoveCare Center website, full page sponsor ad (color)*, acknowledgment at the event and in all promotional materials				
□ PLATINUM	\$ 5,000	Reserved Table of 8, your logo on the CoveCare Center website, full page sponsor ad (b/w)*, acknowledgment at the event and in all promotional materials				
□ GOLD	\$ 3,500	6 Tickets/Reserved seating, your logo on the CoveCare Center website, full page sponsor ad (b/w)*, acknowledgment at the event and in all promotional materials				
□ SILVER	\$ 2,500	4 Tickets/Reserved seating, your logo on t	the CoveCare	CoveCare Center website, full page sponsor ad (b/w)*,		
□ BRONZE	\$ 1,500	acknowledgment at the event and in all promotional materials 2 Tickets/Reserved seating, your logo on the CoveCare Center website, full page sponsor ad (b/w)*, acknowledgment at the event and in all promotional materials				
□ FRIEND	\$ 500	Your logo on the CoveCare Center website, full page sponsor ad (b/w)*, acknowledgment at the event				
	\$ 2,000	Your logo outside by the Pavilion/Tent, your logo on the CoveCare Center website, full page sponsor ad (b/w)*, acknowledgment at the event and in all promotional materials (1 Pavilion sponsorship available)				
Journal Ads *ADS MUST BE RECEIVED BY SEPTEMBER 1st						
□ Back Cover	(Color)		\$500	☐ Full Page	\$250	
☐ Inside Front Cover, Inside Back Cover (Color)			\$400	☐ Half Page	\$150	
□ Resource Page			\$300	☐ Business Card/Greeting	\$75	
Cover/Full Page Size: 7"h x 4.5"w Half Page Size: 3.5"h x 4.5"w			Ψ000	☐ Friends Name Listing	\$50	
*For best quality, email as attachments (PDF, png, jpeg, tiff, Word, or Publisher files.) Please send ad to: <u>development@covecarecenter.org</u>						
Auction Items DONATED ITEMS MUST BE RECEIVED BY SEPTEMBER 10th						
☐ 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.						
Tickets: Open Seating (Indoor/Outdoor) PLEASE PURCHASE BY SEPTEMBER 10th, LIST ALL GUESTS BELOW						
□ \$125 per ticket: # of tickets for a total of \$						
☐ I am unable to attend, but would like to make a donation of \$						
EMAIL COMPLETED FORM TO: Questions? Contact the Development@covecarecenter.org 845-225-2700 x						
<u>ievelopilient@co</u>	vecaleceii	iter.org			covecarecenter.org	
lame						
•						
		Ci			•	
hone		E-Mail		N	Masternal Dan	
otal Amount \$	U	Mail check payable to CoveCare Center at above	e address UH A	Cianatura (Daguizad)	INIASTERCARD LIAMEX	
ard #		Exp. Date <u>C\</u>	/ V	Signature (nequired)		
BUESTS:						