



2023 IMAGINE GALA

IMAGINE... The Courage to Make Change

Honoring Commissioner Michael J. Piazza

Social Services, Mental Health & Youth Bureau

Friday, November 3rd, 2023 - 6:00PM
Salem Golf Club, North Salem, NY

Sponsorships

- | | | | |
|---|------------------------------------|--|-----------------------|
| <input type="checkbox"/> DIAMOND \$ 7,500 | Table of 10, full page sponsor ad* | <input type="checkbox"/> Entertainment Sponsor \$ 2,000 | Full page sponsor ad* |
| <input type="checkbox"/> PLATINUM \$ 5,000 | Table of 8, full page sponsor ad* | <input type="checkbox"/> Centerpiece Sponsor \$ 1,000 | Half page sponsor ad* |
| <input type="checkbox"/> GOLD \$ 3,500 | 6 Tickets, full page sponsor ad* | <input type="checkbox"/> Photography Sponsor \$ 750 | Half page sponsor ad* |
| <input type="checkbox"/> SILVER \$ 2,500 | 4 Tickets, full page sponsor ad* | | |
| <input type="checkbox"/> BRONZE \$ 1,500 | 2 Tickets, full page sponsor ad* | | |
| <input type="checkbox"/> FRIEND \$ 500 | Full page sponsor ad* | | |

***All sponsorships include your logo on the CoveCare Center website, a sponsor ad in our event journal (print and digital), acknowledgment at the event, on social media and in all promotional materials.**

Journal Ads (Print & Digital)

***ADS MUST BE RECEIVED BY OCTOBER 9th**

- | | | | |
|--|-------|--|-------|
| <input type="checkbox"/> Back Cover (Full Color) | \$500 | <input type="checkbox"/> Full Page | \$250 |
| <input type="checkbox"/> Inside Front Cover or Inside Back Cover (Full Color) | \$350 | <input type="checkbox"/> Half Page | \$150 |
| | | <input type="checkbox"/> Business Card/Greeting | \$100 |
| | | <input type="checkbox"/> 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 best quality, email as attachments (PDF, png, jpeg, tiff, Word, or Publisher files.) Please send ad to: development@covecarecenter.org

Silent Auction Donations

***DONATED ITEMS SHOULD BE RECEIVED BY OCTOBER 9th**

- I have enclosed a gift certificate/gift card. I will reach out to discuss my donation.
development@covecarecenter.org or 845.225.2700 ext. 214

Reservations

***PLEASE RESERVE AND PROVIDE GUEST LIST BY OCTOBER 16th**

- Individual Seating @ \$175 per person:** I would like to reserve _____ seats for a total of \$_____.
- Reserved Table of 10 @ \$1,750**
- I am unable to attend, but would like to make a "Celebrate at Home" donation of \$_____.**

EMAIL FORM TO: development@covecarecenter.org

OR

MAIL: CoveCare Center - Development
1808 RT. 6, Carmel, NY 10512



REGISTER ONLINE:

<https://covecarecenter.org/2023-imagine-gala>

OR

SCAN QR CODE

Name _____

Organization _____

Address _____ City _____ State _____ Zip _____

Phone _____ E-Mail _____

Total Amount \$ _____ Mail check payable to CoveCare Center at address above OR Please charge my credit card: Visa Mastercard Amex

Card # _____ Exp. Date _____ CVV _____ Signature (Required) _____

GUESTS: _____