

2024 IMAGINE GALA

IMAGINE... Empowering Change

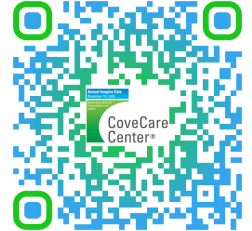


Join us as we honor our local Rotary Clubs:
Brewster, Carmel, Lake Mahopac and Patterson

Thursday, November 7, 2024
Hollow Brook Golf Club - Cortlandt Manor, NY

Sponsorships

- DIAMOND** \$ 10,000 **Table of 12 plus a Podium Speaking opportunity at the event***
- PLATINUM** \$ 6,500 **8 Tickets***
- GOLD** \$ 5,000 **6 Tickets***
- SILVER** \$ 3,500 **4 Tickets***
- BRONZE** \$ 2,000 **2 Tickets***
- FRIEND** \$ 750 **1 Ticket***



SCAN FOR MORE INFO

*** All sponsorships include:**

- Your logo/name on the CoveCare Center website event page.
- A full page sponsor ad in our event journal (print and digital).
- Acknowledgment at the event, on social media platforms and in all promotional materials.

Journal Ads (Print & Digital)

*** JOURNAL ADS DUE BY OCTOBER 21st**

| | | | | |
|--|-------|---|-------|--|
| <input type="checkbox"/> Back Cover, Outside (Full Color) | \$500 | <input type="checkbox"/> Full Page | \$300 | Dimensions: Cover/Full Page - 7" h x 4.5" w Half Page - 3.5" h x 4.5" w |
| <input type="checkbox"/> Inside Front Cover (Full Color) | \$400 | <input type="checkbox"/> Half Page | \$200 | |
| <input type="checkbox"/> Inside Back Cover (Full Color) | \$350 | | | |

* Please email ad as an attachment (PDF, PNG, JPEG/JPG, TIFF or Word file).
Send to: development@covecarecenter.org

Silent Auction Donations

*** AUCTION DONATIONS DUE BY OCTOBER 21st**

- 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 (Limited Seating)

*** PLEASE PURCHASE TICKETS BY OCTOBER 21st**

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

EMAIL FORM TO: development@covecarecenter.org

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

REGISTER ONLINE:

covecarecenter.org/2024-imagine-gala

Name _____

Organization _____

Address _____ City _____ State _____ Zip _____

Phone _____ E-Mail _____

Total Amount \$ _____ Check enclosed, payable to CoveCare Center.

Attendees Names & Email: _____
