CoveCare Center

2026 IMAGINE GALA

Friday, November 13th, 2026

Hollow Brook Golf Club

REGISTRATION FORM

IMAGINE... Serving with Purpose

Honoring Ledley Food Service, Brian and Patricia Ledley

EVENT SPONSORSHIPS

☐ **Diamond**	$10,000	Table of 12 plus a podium speaking opportunity at event*
☐ **Platinum**	$7,500	8 Tickets*
☐ **Gold**	$5,000	6 Tickets*
☐ **Silver**	$3,500	4 Tickets*
☐ **Bronze**	$2,000	2 Tickets*
☐ **Friend**	$750	1 Ticket*

***Includes:**

- *Logo/name on the CoveCare Center event webpage*
- *Full-page ad in printed and digital event journal*
- *Recognition during the event, on social media, and in promotional materials*

JOURNAL ADS (PRINT & DIGITAL)

- ***Ads due by Friday, Oct. 23rd***

Full Color

- ☐ Outside Back Cover - $500
- ☐ Inside Front **OR** Inside Back Cover - $400
- ☐ Centerfold, Full Page - $350

B&W*

- ☐ Full Page - $300
- ☐ Half Page - $200
- ☐ Business Card - $150

Dimensions:

Cover/Full Page: 7”h x 4.5”w
Half Page: 3.5”h x 4.5"w
Business Card: 2"h x 3.5"w

Digital Journal is Full Color

- ***Email artwork (PDF, PNG, JPG, TIFF or Word) to: development@covecarecenter.org***

SILENT AUCTION DONATIONS

- ***Auction donations due by Friday, Oct. 23rd***

☐ I have enclosed a gift certificate/gift card. ☐ I will reach out to discuss my donation.

Email development@covecarecenter.org or call 845-225-2700 ext. 214

RESERVATIONS

- ***Limited Seating. Please register by Friday, Oct. 23rd***

☐ Individual Seating at $200 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 $ _____

COMMUNITY GIVING TREE

☐ I would like to sponsor a star in the amount of: ☐ $100 ☐ $250 ☐ $500 ☐ Other: $ _____

- ***Your support helps fill critical gaps in funding for essential programs/services not covered by traditional sources.***
- ***Name/organization will be displayed on our Giving Tree and recognized at the event.***

CONTACT INFORMATION

Name: Organization:

Address: City: State: Zip:

Email: Phone:

Total Amount: $ _____ ☐ Check enclosed (payable to CoveCare Center)

Attendees Names/Emails: _____

Email Form:
development@covecarecenter.org

Questions:
845-225-2700 ext. 214

Register Online:
covecarecenter.org/2026-imagine-gala

Mail:
CoveCare Center, Attn: Development
1808 Route Six, Carmel, NY 10512

CoveCare Center is a 501(c)(3) nonprofit. Contributions are tax-deductible to the fullest extent permitted by law.