



2017 Benefit

AN EVENING TO BENEFIT VNSNY
CHILDREN & FAMILY SERVICES
Together, we can make a difference

PLEASE RESERVE THE FOLLOWING:

— **\$50,000 Underwriter Table of Ten**

Co-Chair listing, Cover Ad and
Special Underwriter Recognition

— **\$25,000 Benefactor Table of Ten**

Co-Chair listing, Gold Page Ad
and Podium Recognition

— **\$15,000 Patron Table of Ten**

Vice Chair listing and Silver Page Ad

— **\$10,000 Sponsor Table of Ten**

Committee listing and B&W Full Page Ad

— **\$2,500 X — Benefactor Ticket(s)**

Committee listing

— **\$1,500 X — Patron Ticket(s)**

Committee listing

— **\$1,000 X — Sponsor Ticket(s)**

Committee listing if you purchase two
Sponsor Tickets at \$1,000 each

CONTRIBUTION*

— I/We cannot attend, but enclose
a tax-deductible contribution of
\$ _____

SPONSOR A NURSE*

— I/We would like to donate \$750 to
sponsor a nurse to attend the benefit
Includes Dinner Journal listing

HONOR A NURSE LISTING*

— **\$100 In Honor of Nurse:**

MEMORIAL LISTING*

— **\$100 In Memory of:**

ADVERTISING*

Provide hi-res PDF and email to jbilleci@vnsny.org
Deadline for ad submission: October 2, 2017

- ☐ **\$5,000** Inside Front Cover (6"w x 9"h)
☐ **\$4,000** Inside Back Cover (6"w x 9"h)
☐ **\$2,500** Gold Page Ad (6"w x 9"h)
☐ **\$2,000** Silver Page Ad (6"w x 9"h)
☐ **\$1,500** B&W Full Page Ad (6"w x 9"h)
☐ **\$750** B&W Half Page Ad (6"w x 4.5"h)

Ad Contact Name (if applicable)

Ad Contact Phone (if applicable)

\$250 is the non-deductible portion of each ticket.

**Fully tax-deductible. VNSNY Federal Tax ID# 13-3189926*

Please turn over and complete reverse side – thank you.

LISTING INFORMATION

Name *(exactly as you wish to be listed)*

Organization *(exactly as you wish to be listed)*

Address

City

State

Zip

Phone

Email

PAYMENT INFORMATION

Please make checks payable to VNSNY, or fill in credit card info and return via fax or mail to:

John Billeci, Director of Special Events

VNSNY Development Department

107 East 70th Street, New York, NY 10021

t 212.609.1565 • f 212.794.6480 • jbilleci@vnsny.org

☐ Payment Enclosed

☐ Payment to Follow

Credit Card: ☐ MC ☐ Visa ☐ Amex

Card Number

Expiration Date

Signature

THE GUESTS/FRIENDS WITH WHOM I WISH TO BE SEATED:

1. _____

6. _____

2. _____

7. _____

3. _____

8. _____

4. _____

9. _____

5. _____

10. _____