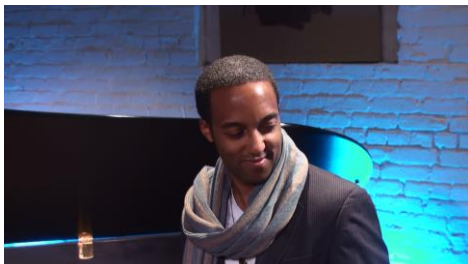


# BRONX COMMUNITY HEALTH NETWORK

*presents*

## THE KEVIN HARRIS PROJECT

A Jazz Concert and Awards Event



### TICKETS

- Regular - **\$50**
- Seniors & Students - **\$45**
- Day of event/At the door - **\$60**
- I will not be able to attend, but wish to make a donation of \$ \_\_\_\_\_.

For tickets **by phone:** (718) 405-7720 **web:** [bchnhealth.org](http://bchnhealth.org) **email:** [wmacquave@bchnhealth.org](mailto:wmacquave@bchnhealth.org)  
*(tickets picked up the day of the concert at the door)*

### SPONSORSHIP LEVELS

- Corporate** **\$25,000**  
Logo on step and repeat and promotional materials, 10 VIP tickets, full page ad in souvenir program book, autographed souvenir program book, recognition during event
- Gold** **\$15,000**  
Logo on promotional materials, 5 VIP tickets, full page ad in souvenir program book, recognition during event
- Silver** **\$10,000**  
Name on promotional materials, 3 VIP tickets, half page ad in souvenir program book, recognition during event
- Bronze** **\$5,000**  
Name on promotional materials, 2 VIP tickets, quarter page ad in souvenir program book,

All contributions are tax deductible to the extent allowed by law.

Information: Winifred MacQuay e at [wmacquave@bchnhealth.org](mailto:wmacquave@bchnhealth.org); [info@bchnhealth.org](mailto:info@bchnhealth.org)  
Telephone: (718) 4057720/95 Fax: (718) 7415460  
Website: [www.bchnhealth.org](http://www.bchnhealth.org)

## SOUVENIR PROGRAM BOOK

To submit an ad or greeting for the souvenir program book, please check one of the following and send camera ready artwork (PDF or JPEG format) or business card to [rdnewcomb@bchnhealth.org](mailto:rdnewcomb@bchnhealth.org) by **September 23, 2017**. For more information call (718) 405-7720 or (929) 220-8164.

- Back Cover (5" wide x 8" tall).....\$1,000
- Inside Front Cover (5" wide x 8" tall).....\$750
- Full Page (5" wide x 8" tall).....\$500
- Half Page (5" wide x 3 15/16" tall).....\$350
- Quarter Page (5" wide x 1 15/16" tall).....\$150
- Ad with Photo (plus).....\$25

## PAYMENT INFORMATION

- Pay or donate by credit card online at <http://bchnhealth.org/donate>
- Send order form and check to:

BRONX COMMUNITY HEALTH NETWORK  
Attention: Sharon Edwards, Chief Financial Officer  
1 Fordham Plaza, Suite 1108  
Bronx, NY 10458

## CONTACT INFORMATION

Name \_\_\_\_\_ Title \_\_\_\_\_  
(Exactly as you would like it printed in the souvenir program book)

Signature \_\_\_\_\_

Company Name (if applicable) \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Telephone: Home/Cell \_\_\_\_\_ Business \_\_\_\_\_

Email \_\_\_\_\_

