

BRONX COMMUNITY HEALTH NETWORK

presents

2018 FALL DINNER

Thursday, October 11, 2018 • 6:00 PM to 10:00 PM

Marina Del Rey • 1 Marina Dr, Bronx, NY 10465

TICKETS

- I will purchase ___ tickets at \$150.00 each \$_____ total.
 I will not be able to attend, but wish to make a donation of \$_____.

Phone: (718) 405-7720 Online: www.bchnhealth.org/donate Email: sponsor@bchnhealth.org

RSVP by September 28, 2018. See reverse for mailing and payment information.

Contributions are tax deductible to the extent allowed by law. Tax ID #: 13-3905296

SPONSORSHIP OPPORTUNITIES

- | | | |
|--|--|-----------------|
| <input type="checkbox"/> Platinum | <i>Includes 30 tickets, back cover ad in souvenir program book & premier placement of company logo on Dinner website with links to your website, video display of ad at Dinner</i> | \$50,000 |
| <input type="checkbox"/> Gold | <i>Includes 25 tickets, inside front cover ad in souvenir program book & premier placement of company logo on Dinner website with links to your website, video display of ad at Dinner</i> | \$35,000 |
| <input type="checkbox"/> Silver | <i>Includes 20 tickets, full page ad in souvenir program book & premier placement of company logo on Gala website with links to your website, video display of ad at Dinner</i> | \$25,000 |
| <input type="checkbox"/> Bronze | <i>Includes 10 tickets, full page ad in souvenir program book & premier placement of company logo on Dinner website with links to your website, video display of ad at Dinner</i> | \$15,000 |
| <input type="checkbox"/> Copper | <i>Includes 5 tickets, full page ad in souvenir program book & premier placement of company logo on Dinner website with links to your website, video display of ad at Dinner</i> | \$10,000 |
| <input type="checkbox"/> Nickel | <i>Includes 3 tickets, full page ad in souvenir program book & premier placement of company logo on Dinner website with links to your website, video display of ad at Dinner</i> | \$5,000 |

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 by September 23, 2018. For more information call (718) 405-7720 or (929) 220-8164.

- | | |
|---|---------|
| <input type="checkbox"/> Back Cover (5" wide x 8" tall) | \$2,000 |
| <input type="checkbox"/> Inside Front Cover (5" wide x 8" tall) | \$1,500 |
| <input type="checkbox"/> Full Page (5" wide x 8" tall) | \$1,000 |
| <input type="checkbox"/> Half Page (5" wide x 3 15/16" tall) | \$750 |
| <input type="checkbox"/> Quarter Page (5" wide x 1 15/16" tall) | \$500 |
| <input type="checkbox"/> Ad with Photo (plus) | \$100 |

CONTACT INFORMATION

Name _____ Organization _____

Signature _____ Date _____

Address _____

Telephone _____ (Business) _____ (Home/Cell)

Email _____