

Trinitas Heroes

GALA



RSVP

GUEST LIST

Please provide names on the lines below and note any special dietary needs.

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If you would like to stay at the nearby *Hilton Parsippany* the night of the Gala at a reduced rate of \$119, please call (973) 267-7373 by April 16th. Shuttle service will be provided to and from The Birchwood Manor.

Trinitas Heroes

G A L A

Thursday, May 7, 2009

Please return this form and ad by April 24th.

Name _____

Company Name _____ Phone _____

Address _____ E-mail _____

Enclosed is a check for \$ _____ Bill my: VISA Mastercard

Card Number _____ Exp. Date _____

Signature _____

Sponsorships All sponsorships include listing in event program and ad journal.

- Gala SponsorCenter Fold Page or Cover & 20 Tickets..... \$ 25,000*
- Event SponsorGold Page & 20 Tickets..... \$ 15,000*
- Entertainment SponsorGold Page & 10 Tickets..... \$ 12,500*
- Dinner SponsorSilver Page & 10 Tickets..... \$ 10,000*
- Cocktail Reception SponsorSilver Page & 8 Tickets..... \$ 7,500
- Award SponsorFull Page & 6 Tickets..... \$ 5,000
- Underwriter1/2 Page & 4 Tickets..... \$ 2,500
- Patron1/4 Page & 2 Tickets..... \$ 1,500
- DonorDonor Listing & 2 Tickets..... \$ 1,000

**Donors of \$10,000 or more are invited to a pre-event reception!*

Advertisements Please send your ad in either PDF or Word format to Lciraco@trinitas.org by April 24th.

- Cover (3 available)..... \$ 4,000 (7.5" W x 10" H)
- Gold Page..... \$ 3,000 (7.5" W x 10" H)
- Silver Page..... \$ 2,000 (7.5" W x 10" H)
- Full Page..... \$ 1,000 (7.5" W x 10" H)
- Half Page..... \$ 500 (3.5" W x 9.5" H)
- Quarter Page..... \$ 250 (3.5" W x 4.75" H)
- One Line Donor Listing... \$ 150

Tickets, Contributions & Raffle Tickets

- I wish to purchase _____ ticket(s) @ \$ 400 each.
- I cannot attend. Enclosed is a contribution of \$ _____
- Please send me # _____ 50/50 cash raffle ticket(s) @ \$20 each. I don't have to be present to win.
- I will donate the following item(s) for the Silent Auction _____



Please make checks payable to **Trinitas Health Foundation**. Tax ID #22-2353773
 Mail to: Trinitas Health Foundation, P.O. Box 259, Elizabeth, NJ 07207-0259
 Fax: (908) 994-8292. For more information, please call (908) 994-8249.

Information filed with the Attorney General concerning this charitable solicitation may be obtained from the Attorney General of the State of New Jersey by calling (973) 504-6215. Registration with the Attorney General does not imply endorsement. Tax deductible amount is \$200.00 per event ticket.