

RESERVATION CARD

—2016—
CARNATION BALL
—

Saturday, November 5, 2016

Crest Hollow Country Club
Woodbury, NY

RSVP by Friday, October 7, 2016



South Nassau
COMMUNITIES HOSPITAL

I/We will *Be a Lifesaver* in support of the Emergency Department Expansion on November 5th

Sponsor Packages* (Check desired package)

Preferred Seating:

- Exclusive Ball - ~~\$50,000~~ SOLD**
(On-screen recognition, 3 tables of 12, 4-color back cover of journal)
- Gold Standard - \$40,000**
(On-screen recognition, 2 Tables, 4-color inside-front cover journal ad)
- Renaissance - \$30,000**
(On-screen recognition, 2 Tables, 4-color inside-back cover journal ad)
- Cupola - \$25,000**
(On-screen recognition, 2 Tables, prominent journal ad placement)

- Healthy Way - \$20,000**
(On-screen recognition, 2 Tables, special journal ad placement)
- Touching Lives - \$15,000** (On-screen recognition, 1 Table, gold page journal ad)
- SNCH Family - \$10,000** (On-screen recognition, 1 Table, silver page journal ad)
- Mary Pearson - \$7,500** (On-screen recognition, 1 Table, bronze page journal ad)
- Teal & White - \$5,000** (1 Table, full page journal ad)
- Community - \$2,500** (2 Tickets, full page journal ad)

*Sponsor Packages include recognition on event signage and promotional materials.

Tickets:

- Individual - \$400**

No. of Tickets _____

Underwriter Opportunities:

- | | |
|---|---|
| <input type="checkbox"/> Venue\$25,000 | <input type="checkbox"/> Flowers\$8,000 |
| <input type="checkbox"/> Dinner.....\$20,000 | <input type="checkbox"/> Photography.....\$7,000 |
| <input type="checkbox"/> Audio/Video\$15,000 | <input type="checkbox"/> Ball Favors.....\$5,000 |
| <input type="checkbox"/> Cocktail Hour...\$10,000 | <input type="checkbox"/> Valet Service\$3,000 |
| <input type="checkbox"/> Journal.....\$10,000 | <input type="checkbox"/> Education Class ..\$1,000 |
| <input type="checkbox"/> Music\$10,000 | |

All Underwriting Opportunities to include recognition on signage at event.

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Journal Opportunities:

- | | |
|---|---|
| <input type="checkbox"/> Inside Front Cover*\$5,500 | <input type="checkbox"/> Silver Journal Page\$2,600 |
| <input type="checkbox"/> Inside Back Cover*\$5,500 | <input type="checkbox"/> Bronze Journal Page.....\$2,100 |
| <input type="checkbox"/> Platinum Journal Page....\$4,000 | <input type="checkbox"/> Full Journal Page.....\$1,500 |
| <input type="checkbox"/> Gold Journal Page\$3,100 | <input type="checkbox"/> Half Journal Page\$750 |

*If not sold as package.

Journal Ad Specifications

- **Live Copy Area: Full Page 7.5" w x 9" h**
Half Page 7.5" w x 4.25" h (landscape orientation)
Covers 8.5" x 11" h (w/ bleed)
- Journal Size: 8.5" w x 11" h
- Print: 4-Color cover (front, back, inside-front, inside-back) | Black ink inside
- Note: Ads may be submitted electronically (JPG, TIFF, PDF, AI or EPS formats) **without** crop marks.

Please e-mail in electronic file format to Lnordone@snch.org or attach camera ready B&W copy of ad. **Journal Submission Deadline: October 7, 2016.**

- I have enclosed my camera-ready art for scanning.
- I have emailed my electronic art file (JPG, TIFF, PDF, AI, EPS) or Word document to Lnordone@snch.org
- Please create an ad for me. I would like my message to read as follows:

Raffle Tickets

- 1 for \$50 3 for \$125 7 for \$250 15 for \$500

For further information, please call **Lynne Nordone** at **516-377-5364**
or email: Lnordone@snch.org

Please mail to: 2016 Carnation Ball

South Nassau Communities Hospital, Development Office

P.O. Box 843, Baldwin, NY 11510-9815

Fax: 516-377-5380 **Email:** Lnordone@snch.org

Payment Information

Enclosed is my check for \$_____ payable to:

South Nassau Communities Hospital

I am unable to attend. Please accept my donation of \$_____

Please charge my AMEX MC VISA Discover
in the amount of \$_____

Card # _____ Exp. _____

Signature _____ Date _____

Name _____

Company _____

Address _____

City _____ State _____ Zip _____

Phone () _____ Cell* () _____

Email _____

**Please provide in the event of emergency notification.*

KINDLY RESPOND BY OCTOBER 7TH

Please list guests:

[Tables seat up to 10 guests except Exclusive Ball Sponsor which is 12]

Please list first and last names of your guests; indicate Mr./Mrs./Ms./Dr.

1) _____

6) _____

2) _____

7) _____

3) _____

8) _____

4) _____

9) _____

5) _____

10) _____

I/We wish to be seated with: _____

Please let us know if you or your guest(s) have any dinner preferences:

Gluten-free __ (#) Kosher __ (#) Vegan __ (#) Vegetarian __ (#)