

## *Guest List*

1. \_\_\_\_\_
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### **SPONSORSHIP OPPORTUNITIES**

**DINNER SPONSOR**

**\$10,000**

(Includes TWO tables for 10)

**COCKTAIL PARTY SPONSOR**

**\$5,000**

(Includes ONE table for 10)

**INVITATION & ELECTRONIC  
JOURNAL SPONSOR**

**\$2,500**

**CENTERPIECE SPONSOR**

**\$1,000**

**MUSIC SPONSOR**

**\$800**

**RAFFLE TICKET  
SPONSOR**

**\$500**

**\*ALL SPONSORS WILL BE ACKNOWLEDGED WITH A SIGN  
AT THE RECEPTION AREA AND WITH A SPECIAL THANK YOU  
IN THE ELECTRONIC DINNER JOURNAL  
TO BE DISPLAYED AT THE EVENT.**

## **HeartShare Human Services of New York**



*28<sup>th</sup> Annual Education Services Dinner Dance*  
**Thursday, May 26, 2017**



HeartShare Human Services of New York  
**28<sup>th</sup> Annual Education Services Dinner Dance**

I am pleased to support HeartShare's 2017 Dinner, as indicated below:

*Tables*

_____	\$1,600 Corporate Gold Table (Includes 10 tickets, Gold page ad, honorable mention and special listing)	\$_____
_____	\$1,100 Corporate Sponsor Table (Includes 10 tickets, full white page and special listing)	\$_____
_____	\$850 Patron Table (Includes 10 tickets)	\$_____

*Tickets*

\_\_\_\_\_ Patron Ticket (s) \_\_\_\_\_ \$85.00 per person    Total:    \$\_\_\_\_\_

*Raffle Item*

I am donating the following Raffle item: \_\_\_\_\_

*Journal Advertisement*

To place an advertisement in our Electronic Journal, please indicate below.

Ad copy is due by *Friday, May 5, 2017.*

_____	\$600 Gold Page	\$_____
_____	\$200 Full Page Black & White	\$_____
_____	\$100 Half Page Black & White	\$_____
_____	\$60 Business Card Black & White	\$_____

**Please submit Journal Advertisement with this form or email to  
 carol.verdi@heartshare.org.**

Your ad should be submitted in landscape format saved as a JPEG, PNG or PDF.

*Contribution*

I am unable to attend, but would like to make a contribution to HeartShare for its  
 Education Services Programs: \$\_\_\_\_\_

**TOTAL AMOUNT ENCLOSED:** \$\_\_\_\_\_

Individual or Company Name \_\_\_\_\_

(As you wish it to appear in Electronic Journal)

Contact Person \_\_\_\_\_

Mailing Address \_\_\_\_\_

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

Telephone (Work) \_\_\_\_\_ (Home) \_\_\_\_\_

E-mail Address \_\_\_\_\_

Please make checks and money orders payable to HeartShare Human Services.

*Non-Tax deductible portion of dinner ticket is \$55.00*

For more information, telephone (718) 323-2877 or fax (718) 323-2897

**HeartShare Evaluation Center**  
 162-30 Crossbay Boulevard  
 Howard Beach, N.Y. 11414