

Distinguished Service Award Annual Brunch

Sunday, March 28th, 2010, 12 Noon

Seasons • Washington Township, New Jersey

A Benefit for West Bergen Mental Healthcare

Honoring

Outstanding Community Volunteers

DIANA DOLLING-ROSS AND DAVID ROSS



Sponsorships and On-Line Event Journal Ad Opportunities

At the brunch, an elegant slideshow presentation will display all ads in color.

Post event, the ads will be available for viewing on-line at www.annualbrunch.com for an entire year.

Sponsorship Packages: Check package desired

- Event Sponsor: \$2,000**—Recognition as Event Sponsor; table of ten; corporate/personal ad
- Benefactor: \$1,000**—Recognition as Benefactor Sponsor; four tickets; corporate/personal ad
- Leadership: \$500**—Recognition as Leadership Sponsor; two tickets; corporate/personal ad

All Sponsorships include: Highest frequency of ad appearance during the event; frequent exposure of logo on the website **and a link to sponsor's website on www.annualbrunch.com.*

Ad Opportunities: Check ad desired

- Champion: \$300**—High frequency ad display at event
- Supporter: \$175**—Frequent ad display at event
- Friend: \$100**—Ad will display throughout the event
- Patron: \$50**—Name only. Patron ads are displayed at the event and on www.annualbrunch.com.

All ads will have decorative border **and a link to the donor's website*

Journal Ad specs: To submit "camera-ready artwork", please send at 6" x 4" (or 600x400 pixels) **horizontal** in full color. Ad may be provided in JPEG or GIF format. Ad may be submitted on-line at time of on-line purchase or sent to clijoi@westbergen.org.

- I would like to attend** the Annual Brunch. Please reserve _____ table(s) of 10 (ten) at \$750 per table or _____ tickets at \$75 per person.
- I cannot attend** but would like to support the Annual Brunch with a tax deductible donation of \$_____.

PLEASE SEE REVERSE SIDE FOR PAYMENT INFORMATION

PLEASE MAKE CHECKS PAYABLE TO WEST BERGEN MENTAL HEALTHCARE OR—

Charge to: MC VISA AMEX DISCOVER

Card # _____ Expiration Date _____

Name: _____

Address: _____

City _____ State _____ Zip _____

Email: _____ Total Amount: \$ _____

Signature _____

Mail this form to:

Annual Brunch

West Bergen Mental Healthcare

120 Chestnut Street

Ridgewood, NJ 07450

Fax—201-652—1613

Or email to:

clijoi@westbergen.org

We'll be glad to help you submit your ad as above or in another format. If you have any questions, please contact

Carol Cohen at 201-444-3550 or ccohen@westbergen.org