

# 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](http://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](http://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](http://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](mailto: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](mailto: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](mailto:ccohen@westbergen.org)**