

JOURNAL ADVERTISING

- | | |
|---|----------|
| <input type="checkbox"/> Back Cover - Color (7x9) | \$ 2,500 |
| <input type="checkbox"/> Inside Front Cover - Color (7x9) | \$ 2,250 |
| <input type="checkbox"/> Inside Back Cover - Color (7x9) | \$ 2,250 |
| <input type="checkbox"/> Gold Page (7x9) | \$ 2,000 |
| <input type="checkbox"/> Silver Page (7x9) | \$ 1,500 |
| <input type="checkbox"/> Full Page (7x9) | \$ 1,000 |
| <input type="checkbox"/> Half Page (7x4) | \$ 500 |
| <input type="checkbox"/> Quarter Page (7x1.75) | \$ 300 |
| <input type="checkbox"/> Patron Listing (name only) | \$ 75 |

JOURNAL CLOSING DATE: October 13, 2017

TICKET INFORMATION

- | | |
|---|----------|
| <input type="checkbox"/> 10 | \$ 5,000 |
| <input type="checkbox"/> Individual Tickets | \$ 500 |

Please RSVP by October 13, 2017

SPONSORSHIPS

PALACE OF VERSAILLES \$25,000

Ten (10) gala tickets; Gold Page advertisement; VIP Preferred Seating with Champagne; Prominent signage & acknowledgement in Journal.

NOTRE DAME CATHEDRAL \$20,000

Ten(10) gala tickets; Silver Page advertisement; VIP Preferred Seating with Champagne; Prominent Signage & acknowledgment in Journal

ARC DE TRIOMPHE \$15,000

Ten (10) gala tickets; Full Page advertisement; VIP Preferred Seating with Champagne; Prominent signage & acknowledgement in Journal.

EIFFEL TOWER \$10,000

Ten(10) gala tickets; Half Page advertisement; VIP Preferred Seating with Champagne; Prominent signage and recognition in Journal.

IMPORTANT INFORMATION

Up to \$325 per ticket is tax deductible.
Journal advertisements and contributions are fully tax deductible
to the extent allowed by law.

For more information about the Riverside Gala,
please call (914) 964-4648. Enclose camera ready art.
Original logos and artwork only (no copies please).
EPS and high resolution PDF files may be e-mailed
to ohunter@riversidehealth.org.

Directions

Glen Island Harbour Club
Glen Island Park, Weyman Avenue New Rochelle, NY 10805
(914) 636-6500
www.glenisland-harbourclub.com/directions.html

An Evening In
PARIS

Name: _____

Company: _____

Address: _____

Phone: _____ Fax: _____ Email: _____

Number of Tickets: _____ Sponsorship: _____

I am unable to attend, but I would like to make a contribution. _____

Amount enclosed \$ _____

Total Enclosed \$ _____

Visa Mastercard AmEx Check

_____ exp. date
credit card number

Make checks payable to The Auxiliary of St. John's Riverside Hospital