



Response Form - 2019 Chairperson's Dinner

Fax to Lisa G. at 908-469-6519

_____ # Individual tickets @ \$150 *Eight guests per table

We will contact you for the names of your table guests, or call Lisa G. 908-469-6517 ext.1004

Corporate Sponsorships – Sponsors will receive prioritized highlighting in pre-event marketing, social media sites, signage and live acknowledgments at the event

- Platinum** - \$10,000 - 16 guests, full color cover ad in program (6 x 9 in. vertical)
- Gold** - \$5,000 - 8 guests , full page color program ad (6 x 9 in. vertical)
- Silver** - \$2,500 - 4 guests, half page color program ad (6 x 4 1/2 in. horizontal)
- Bronze** - \$1,250 - 2 guests, third page color program ad (6 x 3 in. horizontal)

For program ads, please send .pdf or .jpg logo and message, or camera ready ad image to lisa.giannascoli@bridgewayrehab.org

Please honor us with your response by Friday, April 19, 2019

Please send an invoice for my sponsorship/tickets to the address below

In lieu of, or in addition to participation in the 2019 Chairperson's Dinner, please accept a tax-deductible donation in the amount of \$ _____

Check enclosed in the amount of \$ _____



Please charge my credit card in the amount of \$ _____

Name: _____

Address with zip code: _____

Credit card number: _____

Expiration Date: _____ CSV: _____ Signature: _____

Email: _____

Phone/Cell: _____

Proceeds benefit Bridgeway Rehabilitation Services, a registered NJ nonprofit organization. Contributions are tax-deductible to the extent allowable by law.



2019 Chairperson's Dinner Event Journal Order Form

Journal Ads and Listings – Send camera-ready, or send text and images. Please send .jpg or .pdf images, and content by **April 17th** to: lisa.giannascoli@bridgewayrehab.org, or fax (text only) to 908-469-7619

- \$500** Full page, full color ad in journal (6 x 9 in. vertical)
- \$300** Half page black & white journal ad (6 x 4.5 in. horizontal)
- \$200** Third page black & white journal ad (6 x 3 in. horizontal)
- \$100** Journal Listing - Names of supporters, limited to one line

In lieu of, or in addition to participation in the 2019 Chairperson's Dinner, please accept a donation in the amount of \$ _____

Share ad copy here:

Check enclosed in the amount of \$ _____

Please charge my credit card in the amount of \$ _____



Name: _____

Address with zip code: _____

Credit card number: _____

Expiration Date: _____ CSV: _____ Signature: _____

Email: _____

Phone/Cell: _____

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