

GALA 2010 MARCH 21ST, 4PM

RSVP

BY FEBRUARY 22, 2010

I/We want to be a **Sponsor** (check one below)
and get listed in the Scroll of Honor.

SPONSORSHIP OPPORTUNITIES

Roots and Branches

- Presenting Sponsor \$12,500
Two VIP Tables (24 Tickets)
Cover Journal Ad

Programs

- Quality of Life \$10,000
One VIP Table (12 Tickets)
Cover Journal Ad

- Policy & Planning \$7,500
One VIP Table (12 Tickets)
Full Page Gold Journal Ad

- Environmental Education \$5,000
One VIP Table (12 Tickets)
Full Page Silver Journal Ad

- Environmental Health \$2,500
6 Tickets, Full Page Silver Journal Ad

Initiatives

- Clean Green Main Street \$1,200
4 Tickets, 1/2 Page White Journal Ad

- Parking & Traffic Calming \$600
2 Tickets, 1/4 Page White Journal Ad

- All of Port's a Classroom \$400
1 Ticket, Business Card Listing

- Protecting our Water \$250
1 Ticket

INDIVIDUAL TICKETS

- | Members | Non-Members | Total Tickets |
|-------------------------------------|-------------------------------------|---------------|
| <input type="checkbox"/> \$125 each | <input type="checkbox"/> \$150 each | _____ |

JOURNAL ADVERTISING

Ad Specifications

- Full Page, 7.5" x 10" = \$900
 Half Page, 5" x 7.5" = \$500
 Quarter Page, 5" x 3.75" = \$350
 Business Card, standard = \$150

Ad Submissions

- Enclosed is my ad copy. Please provide complimentary design.
 I will email my ad creative as a PDF or JPEG file to mdalimonte@pwresidents.org
 Enclosed is my business card for scanning

Deadline

Mail/email creative material by February 22nd to
Residents For A More Beautiful Port Washington
PO Box 864
Port Washington, NY 11050

Contact

Mariann Dalimonte
516.767.9151
mdalimonte@pwresidents.org



**RESIDENTS
FOR A MORE BEAUTIFUL
PORT WASHINGTON
WWW.PWRESIDENTS.ORG
516.767.9151**

OVER

**GALA 2010
MARCH 21ST, 4PM**

RSVP
BY FEBRUARY 22, 2010

RESERVATIONS

Name _____

Company _____

Address _____

City _____ State _____ Zip _____

Telephone _____ Email _____

PAYMENT

I cannot attend. Please accept my donation of \$ _____

Enclosed is a check in the amount of \$ _____

Please make check payable to Residents For A More Beautiful Port Washington

Please charge my credit card \$ _____ Discover MasterCard Visa AMEX

Card Number _____ Expiration Date _____

Signature _____

Zip Code of Billing Address _____

Contributions over \$55 per person are tax-deductible if attending

PLEASE SEAT ME WITH:



We will be using ____ (#) of tickets.

**RESIDENTS
FOR A MORE BEAUTIFUL
PORT WASHINGTON
WWW.PWRESIDENTS.ORG
516.767.9151**

OVER