

PROVIDENCE REST

NURSING HOME

88 Years of Service in the Bronx

Spring Gala

WEDNESDAY, MAY 2, 2018

GLEN ISLAND HARBOUR CLUB, GLEN ISLAND PARK
WEYMAN AVENUE, NEW ROCHELLE

HONORING

CHAZZ AND GIANNA PALMINTERI

Lifetime Achievement Award

NANCY DIFIORE QUINN
St. Alfonso Maria Fusco Award

TONI LEVATO, BSN, RN
St. John the Baptist Service Award



BOBBY VALENTINE
Master of Ceremonies

_____ FOUNDER: INCLUDES A PROMINENT TABLE FOR 10 AND A SAPPHIRE PAGE IN JOURNAL	\$10,000
_____ SPONSOR: INCLUDES A PROMINENT TABLE FOR 10 AND A GOLD PAGE AD IN JOURNAL	\$8,500
_____ BENEFACTOR: INCLUDES A PREFERRED TABLE FOR 10 AND A SILVER PAGE AD IN JOURNAL	\$6,000
_____ PATRON: INCLUDES PREFERRED SEATING FOR 5 AND A FULL PAGE AD IN JOURNAL	\$4,500
_____ TICKETS	\$350 EACH

JOURNAL ADS (SIZE – 6" X 9")

<input type="radio"/> OUTSIDE BACK COVER	\$5,000	<input type="radio"/> FULL PAGE	\$1,250
<input type="radio"/> INSIDE FRONT COVER	\$2,500	<input type="radio"/> HALF PAGE	\$750
<input type="radio"/> INSIDE BACK COVER	\$2,500	<input type="radio"/> QUARTER PAGE	\$350
<input type="radio"/> GOLD PAGE	\$2,000	<input type="radio"/> BUSINESS CARD	\$200
<input type="radio"/> SILVER PAGE	\$1,500	<input type="radio"/> IN MEMORY OF (NAME _____)	\$100
		<input type="radio"/> IN HONOR OF (NAME _____)	\$100

PLEASE EMAIL OR ATTACH AD COPY (DEADLINE IS APRIL 13, 2018)

UNDERWRITING OPPORTUNITIES

<input type="radio"/> DINNER	\$10,000	<input type="radio"/> MUSIC	\$3,000
<input type="radio"/> PRINTING	\$5,000	<input type="radio"/> FLOWERS	\$1,250

>>>TOTAL AMOUNT ENCLOSED FOR TICKETS/AD/CONTRIBUTION: \$ _____ <<<

DONOR NAME: _____			
COMPANY: _____			
ADDRESS: _____			
CITY: _____	STATE: _____	ZIP CODE: _____	E-MAIL: _____
TELEPHONE: _____		FAX: _____	

PLEASE MAKE TAX-DEDUCTIBLE CHECKS PAYABLE TO: **PROVIDENCE REST** AND MAIL TO:
PROVIDENCE REST, C/O SR. SELINE FLORES, C.S.JB., CEO, 3304 WATERBURY AVENUE, BRONX, NY 10465
FOR INFORMATION CALL: KEELYN AT (914) 319-3798. E-MAIL YOUR AD COPY TO: KEELYNMULVEY1@GMAIL.COM

IF PAYING BY CREDIT CARD, PLEASE COMPLETE THE FOLLOWING:

PLEASE CHECK ONE: MASTER CARD _____ VISA _____ AMERICAN EXPRESS _____

CARD #: _____ EXP DATE: _____ 3 OR 4-DIGIT SECURITY #: _____ AMOUNT: \$ _____

SIGNATURE: _____ BILLING ADDRESS IF DIFFERENT FROM ABOVE: _____