



**Coalition Against Child Abuse & Neglect's
13th Annual Voice for All Children Gala**

**Distinguished Leadership Award
Valerie and Patrick McCarthy**

Friday, October 28, 2011

North Hills Country Club, Manhasset

SPONSORSHIPS

ALL SPONSORSHIPS WILL BE RECOGNIZED AT EVENT

- PLATINUM RECORD SPONSOR** \$7,500
Two Tables of 10 and premium Journal Ad position
- GOLD RECORD SPONSOR** \$ 5,000
One Table of 10 and Gold Page Ad
- LP RECORD SPONSOR**..... \$ 3,500
Six Tickets and Silver Page Ad
- TOP 40 SPONSOR**..... \$ 2,500
Four Tickets and Bronze Page Ad
- EIGHT TRACK SPONSOR** \$ 1,000
Two Tickets and Half Page Ad
- TABLE OF TEN** \$ 2,000
- INDIVIDUAL TICKET*** \$225
*\$140.00 of each individual ticket price may be tax deductible.

TICKET RESERVATION DEADLINE: Monday, October 17, 2011

JOURNAL RATES

- INSIDE COVER** \$ 2,500
- BACK COVER** \$ 2,500
- GOLD PAGE** \$ 2,000
- SILVER PAGE** \$ 1,500
- BRONZE PAGE** \$ 1,000
- WHITE PAGE** \$500
- HALF PAGE** \$250

AD DEADLINE: Monday, October 10, 2011

E-MAIL ADS TO: Merari Henao, mhenao@ccanli.org

Acceptable *formats*: .pdf, .jpg, .doc

If submitting ads by mail, please provide camera ready art work, typed or printed message on a separate sheet of paper for layout purposes. Please do not staple originals. (See reverse for mailing address.)

PAYMENT INFORMATION

PLEASE CHECK APPROPRIATE BOX AND PROVIDE INFORMATION REQUESTED

- I am unable to participate but am pleased to enclose my contribution of \$ _____
- I am ordering # ___ of dinner ticket(s) at \$225 per ticket for a total cost of \$ _____
- I am taking a _____ sponsorship at the total cost of \$ _____
- I am taking a _____ journal ad at the total cost of \$ _____

PAYMENT METHOD

- My check for \$_____ is enclosed (checks payable to: Coalition Against Child Abuse & Neglect)
- Credit Cards Accepted: Amex Visa MasterCard (circle one)**
Credit card charges may be made via telephone, 516.478.4605
 My credit card information follows:

Card # _____ Expiration Date: _____
 Signature: _____ Security Code: _____
 Name: _____
 Company Name: _____
 Contact Person: _____
 Street Address: _____
 City: _____ State: _____ Zip Code: _____
 E-mail Address: _____
 Daytime Phone: _____ Fax: _____
 How did you find out about this event? _____

GUEST NAMES:

PLEASE RETURN THIS FORM TO:

CCAN at The Safe Place
 13th Annual Voice for All Children Gala
 15 Grumman Road West, Suite 900
 Bethpage, NY 11714
 516.747.2966

Payment contact: Merari Henao, 516.478.4605

MHENAO@ccanli.org
Info: www.ccanli.org

CCAN is a 501(c)3 not-for-profit organization registered with the State of New York. CCAN's federal tax id number is: 11-2630560. A copy of CCAN's Financial Report is available through the New York Department of State. All donations support the services of CCAN to aid child maltreatment victims and at-risk families and are tax deductible to the extent allowed by law. CCAN does not sell, share or lend its mailing lists to any organizations or companies.