

APRIL 22nd, 2018

Sunday Evening

65th Anniversary Dinner GALA



HEBREW ACADEMY OF NASSAU COUNTY

Nicki & David Taller
Alumni of the Year - Class of 1988



Naomi & David Speiser
Guests of Honor



Debbie Simpson
Educator of Excellence



Your ad copy as you would like it to appear:



Lined area for writing ad copy.



Anniversary Dinner
6th GALA
Sunday Evening
APRIL 22nd, 2018

To place an ad and/or make your Dinner Reservation, please go to our website www.HANC.org/dinner2018

- Select Sponsor Level
- Enter your ad copy
- Enter reservation information
- Enter payment information

AD DEADLINE: APRIL 11th, 2018

Journal Listings

- CROWN OF TORAH _____ \$75,000
- GUARDIAN OF TORAH _____ \$50,000
- TOWER OF LEADERSHIP _____ \$36,000
- PILLAR OF EDUCATION _____ \$25,000
- Y'DID NE'EMAN-FRIEND-IN-DEED _____ \$18,000
- GRAND MASTER BENEFACTOR _____ \$10,000
- TABLE SPONSOR _____ \$6,000
- GRAND MASTER PATRON _____ \$5,000
- MASTER PATRON _____ \$3,600

- GOLD PATRON _____ \$2,500
- SILVER PATRON _____ \$2,000
- BRONZE PATRON _____ \$1,500
- SCHOLARSHIP PAGE* _____ \$1,000
- SPONSOR _____ \$500
- FRIEND _____ \$300
- SUPPORTER _____ \$180
- GREETING _____ \$90
- NAME LISTING** _____ \$36

All contributions are tax deductible to the extent allowable by law.

*Each listing of \$1,000 or more entitles solicitor or donor to make dinner reservations for two.

**Name Listing Only - No Message

Dinner Couvert - \$500 per couple (no ad included)

COMPANY MATCHING GRANTS are encouraged.

I PLAN TO APPLY FOR A COMPANY MATCHING GRANT

AD DEADLINE: APRIL 11th, 2018
 For additional information: 516-565-5640 x232
 Fax: 516-505-2943 email: dinner@hanc.org

If you cannot access the internet, please clearly complete the form below, clearly print or type your ad copy on the reverse side of this ad blank and return to:

HEBREW ACADEMY OF NASSAU COUNTY
240 Hempstead Avenue, West Hempstead NY 11552

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____

Email Address _____

I would like to put my donation on my: Master Card Visa

Name on Card _____

Credit Card No. _____ Exp. Date _____ CVC _____

Cardholder Signature _____

Please make checks payable to: Hebrew Academy of Nassau County

Solicited by _____