

66th ANNIVERSARY DINNER GALA

SUNDAY EVENING, MAY 12, 2019
OLD WESTBURY HEBREW CONGREGATION



HEBREW ACADEMY OF NASSAU COUNTY

To place an ad
and/or make your dinner reservation,
please go to our website
www.HANC.org/dinner2019

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

AD DEADLINE: MAY 1, 2019

JOURNAL LISTINGS

- | | |
|--|--|
| <input type="checkbox"/> CROWN OF TORAH _____ \$75,000 | <input type="checkbox"/> GOLD PATRON _____ \$2,500 |
| <input type="checkbox"/> GUARDIAN OF TORAH _____ \$50,000 | <input type="checkbox"/> SILVER PATRON _____ \$2,000 |
| <input type="checkbox"/> TOWER OF LEADERSHIP _____ \$36,000 | <input type="checkbox"/> BRONZE PATRON _____ \$1,500 |
| <input type="checkbox"/> PILLAR OF EDUCATION _____ \$25,000 | <input type="checkbox"/> SCHOLARSHIP PAGE* _____ \$1,000 |
| <input type="checkbox"/> Y'DID NE'EMAN / FRIEND-IN-DEED _____ \$18,000 | <input type="checkbox"/> SPONSOR _____ \$500 |
| <input type="checkbox"/> GRAND MASTER BENEFACTOR _____ \$10,000 | <input type="checkbox"/> FRIEND _____ \$300 |
| <input type="checkbox"/> TABLE SPONSOR _____ \$6,000 | <input type="checkbox"/> SUPPORTER _____ \$180 |
| <input type="checkbox"/> GRAND MASTER PATRON _____ \$5,000 | <input type="checkbox"/> GREETING _____ \$90 |
| <input type="checkbox"/> MASTER PATRON _____ \$3,600 | <input type="checkbox"/> 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-only Couvert - \$500 per couple
(no ad included)**

COMPANY MATCHING GRANTS ARE ENCOURAGED.

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 _____