



Visiting Nurse Association  
of Central Jersey Hospice



# HOLIDAY *Dinner Dance*

Saturday, December 1, 2018

**Honoring Donna Provenzano and Neal Oristano  
For Their Volunteerism and Support of Our Community**

**Benefiting the VNA of Central Jersey Hospice Program**

**Digital Ad Journal Opportunities**

- Dinner Dance Marquee \$1,000  
*Includes logo placement on event website home page and digital ad online for 10 months*
  - Gold Page Ad (online for 9 months after event) \$650
  - Silver Page Ad (online for 6 months after event) \$500
  - Bronze Page Ad (online for 3 months after event) \$350
  - Dinner Dance "Shout Out" \$250  
*Personal message limited to two lines of congratulatory text only (i.e. Congratulations Honorees, Donna Provenzano and Neal Oristano; or to chairs or committee) Sorry, no business logos.*
- Deadline for inclusion in Ad Journal is November 16, 2018**

**Sponsorship Opportunities**

- Archangel Sponsor \$5,000  
*(Includes Dinner Dance Marquee and 10 Dinner Dance Reservations)*
- Seraph Sponsor \$3,500  
*(Includes Gold Page Ad and 8 Dinner Dance Reservations)*
- Cherub Sponsor \$2,500  
*(Includes Silver Page Ad and 6 Dinner Dance Reservations)*
- Guardian Sponsor \$1,500  
*(Includes Bronze Page Ad and 4 Dinner Dance Reservations)*
- Angel Sponsor \$950  
*(Includes Dinner Dance Shout Out and 2 Dinner Dance Reservations)*

**Underwriting Opportunities**

- Dinner Underwriter \$5,000
- Cocktail Reception Underwriter \$2,500
- Entertainment Underwriter \$3,500
- Centerpieces Underwriter \$1,000

**REGISTER ONLINE AT [www.vnahgdinnerdance.org](http://www.vnahgdinnerdance.org)**

**Please do not forget...**

- All digital ads are full color and must be landscape, 1000px (w) by 670px (h), high res (300dpi), and sent in JPEG or PDF format. Please email your digital ad to [foundationads@vnahg.org](mailto:foundationads@vnahg.org).
- Please provide your personal "Shout Out" message (if applicable):

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*For assistance with creating your ad or questions, please contact the VNA Foundation Office at 732-224-6780.*

Individual Name: \_\_\_\_\_  
 Organization Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

\_\_\_ Check Enclosed      Make checks payable to: **VNA Health Group**  
 Please charge \$ \_\_\_\_\_ to: \_\_\_ MasterCard \_\_\_ Visa \_\_\_ AMEX \_\_\_ Discover  
 Card Number \_\_\_\_\_ Exp. Date \_\_\_\_\_ CVC Code: \_\_\_\_\_  
 Name as it appears on card \_\_\_\_\_ Signature \_\_\_\_\_

Mail to: VNA Health Group Foundation, 23 Main Street, Suite D1, Holmdel, NJ 07733

