

Good Samaritan Hospital's 20th Annual Spring Ball

GOLD RUSH GALA

Hilton Woodcliff Lake · Black Tie

April 10, 2005 · 4:30 pm cocktails, 6:00 pm dinner

SPONSORSHIP AND ADVERTISEMENT CONTRACT

Please complete front and back

Contact Name _____

Company _____

- Underwriter @ \$25,000** includes Inside Front or Inside Back Cover Journal Ad, Prime Table of 10, Hospital "Wall of Honor," custom marketing/recognition, & commemorative gift.
- Journal Sponsor @ \$15,000** includes 4-Color Full Front Page Journal Ad, Prime Table of 10, Hospital "Wall of Honor," custom marketing/recognition & commemorative gift.
- Gold Rush Sponsor @ \$10,000** includes Full Gold Journal Ad, Prime Table of 10, Hospital "Wall of Honor," custom marketing/recognition & commemorative gift.
- Benefactor Sponsor @ \$5,500** includes Full Gold Journal Ad, Preferred Table of 10, Hospital "Wall of Honor" & commemorative gift.
- Patron Sponsor @ \$4,500** includes Full Silver Journal Ad, and Table of 10.
- Table Host @ \$3,750** includes Table of 10 and Journal listing.
- Honoree Sponsor @ \$1,500** includes 2 tickets and Full Silver Journal Ad.
- Tickets only @ \$375 each**

- Gold Page @ \$1,000** includes Full Gold Page Ad with Black Ink
- Silver Page @ \$750** includes Full Silver Page Ad with Black Ink
- White Page @ \$500** includes Full White Page Ad with Black Ink
- Half Page @ \$350** includes Half White Page Ad with Black Ink
- Quarter Page @ \$200** includes Quarter White Page Ad with Black Ink
- Eighth Page @ \$100** includes Eighth White Page Ad with Black Ink
- Booster @ \$50** includes one line up to 100 characters (incl. spaces)

Deadline for Advertisements: March 29, 2005

Logos and camera-ready art welcome!

Ad Dimensions (all include borders)	
Page	7.75" w x 10" h
Half Page	7.75" w x 4.75" h
Quarter Page	3.75" w x 4.75" h
Eighth Page	3.5" w x 2" h (business card)
Booster	One line, 100 characters

- Camera-ready ad attached
- Ad copy to follow via _____ (ie email, fax)
- Please repeat last year's ad
- Please typeset ad: copy attached
- Typeset this ad copy:

Mention this year's **honorees** in my ad space:

- Alan Elkin**, Co-founder, Chairman, & CEO, Active International
- Lawrence Katz**, M.D., Rockland Orthopedics & Sports Medicine

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Contact Name _____

Company _____

Address _____

City _____

State _____

Zip _____

Phone _____

Fax _____

e-mail _____

SPONSOR / AD LEVEL (see reverse) _____ \$ _____

OF INDIVIDUAL TICKETS _____ \$ _____

TOTAL DUE \$ _____

Bill Me **Check Enclosed** **Charge my:** **Visa** **MasterCard** **AmEx**

Credit Card Number _____

Expiration _____

Cardholder's Name (if different from above) _____

Authorized Signature _____

Date _____

Please send payment and contract to:

Good Samaritan Hospital Foundation

255 Lafayette Avenue ♦ Suffern, NY 10901

Fax: 845-368-5596

SEATING (please include as many names as possible for your table)

TABLE HOST:

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

8. _____

9. _____

10. _____

QUESTIONS? Call: 845-368-5151 or email: foundation@tshs.org

For Office Use Only

SS _____

BB _____

PD _____

DATE _____

AD _____

COM _____



GOOD SAMARITAN HOSPITAL FOUNDATION

255 Lafayette Avenue * Suffern, NY • 10901-4869