



HONORING AMERICA
CELEBRATION

KINDLY RESPOND BY JUNE 25, 2026

RESERVATION LEVELS

- Individual Ticket: \$150 each. Please reserve ____ ticket(s)
- I regret that I cannot attend, but enclosed is my contribution of \$_____.

JOURNAL ADVERTISEMENTS

- Outside Back Cover \$2,000
- Inside Front Cover \$1,500
- Inside Back Cover \$1,500
- Last Page \$1,250
- Philanthropist Page \$1,000
- Trailblazer Page \$500
- Advocate Page \$400
(full pg. 5" w x 8" h)
- Partner (1/2 pg. 5" w x 4" h) \$250
- Supporter (1/4 pg. 5" w x 2" h) \$125
- Friend (2 1/2" w x 2" h) \$100
- Appreciation Listing \$25
(2 1/2" w x 1" h)

Journal Deadline: June 10, 2026

- Please **REPEAT** last years ad
- Please use the **NEW** ad ____ Enclosed ____ Via e-mail*
- Please **ADAPT** last years ad ____ Enclosed ____ Via e-mail*

* Send e-mail to: terrasole@verizon.net

SPONSORSHIP OPPORTUNITIES*

- Dinner Sponsor \$5,000
- Journal Printing \$3,000
- Table Centerpieces \$2,500
- Cocktail Hour \$2,000
- Invitation Printing \$1,500
- Favors \$1,000
- Valet \$1,000
- Sweeps \$1,000
- Photography \$750

**Sponsorships receive ad space.*

General Sponsor

- \$25 \$50 \$75 \$_____



THE GUILD OF ST. FRANCIS HOSPITAL



Please reserve _____ tickets at \$150 per person.

I cannot attend, but wish to contribute \$_____ to the Guild of St. Francis Hospital.

Name _____

Billing Address _____

City _____

State _____

Billing Zip _____

Telephone _____

Email _____

Enclosed is a payment for \$ _____

Method of Payment: CHECK VISA MASTERCARD AMEX

Card Number _____

Exp. Date _____

Signature _____

CVV _____

Please make checks payable to **The Guild of St. Francis Hospital** and return to:
100 Port Washington Boulevard • Roslyn, NY 11576
516.629.2048

Contributions are tax deductible to the extent permitted by law.

Please see back of card for seating

Tickets must be purchased in advance.

My Name:

Phone #:

My guests are:

I wish to be seated with:
