

Stepping Out With Sinai 2008

All sponsorships, ads, and ad copy must be received at New England Sinai Hospital by March 8, 2008

Name: _____

Business: _____

Address: _____

City: _____ State: _____ Zip: _____ Website: _____

Phone (day): (____) _____ Phone (evening): (____) _____ Cell: (____) _____

Fax: (____) _____ Email: _____

I'd like to purchase a sponsorship: Diamond (\$25,000) Platinum (\$15,000) Gold (\$10,000)
 Titanium (\$7,500) Silver (\$5,000) Bronze (\$2,500)
 Copper (\$1,500)

I'd like to purchase an ad: Color* full-page (4-3/4" x 8" ~ \$1,200) Full-page (4-3/4" x 8" ~ \$900)
(Dimensions measured width by height) Half-page (4-3/4" x 3-3/8" ~ \$600) Business card (3-1/2" x 2" ~ \$300)
 Boxed greeting (15-word maximum ~ \$200)

All ads except the color full-page ads will be printed in black and white.

I'd like to purchase tickets: ____ (#) Table of ten (\$1,700 ea.) ____ (#) Patron (\$250 ea.)
 ____ (#) Individual (\$175 ea.)

Enclosed is a check for \$ _____

Please charge \$ _____ on my credit card: MasterCard Visa

Credit card #: _____ Expiration Date: ____/____/____

My name as it appears on my credit card (please print): _____

My signature: _____

Please select one:

- Rerun last year's ad text Pre-designed ad (check lettered ad below & include ad copy)
 Camera-ready ad enclosed Will e-mail an ad (to jlenders@nesinai.org; must be provided in **black and white at 300 dpi, in pdf format, and in the size of the ad purchased.** For color ads, we will convert your black and white ad into black and gold.)
 Will send ad by U.S. Mail

Pre-designed ad styles: A B C D E F G H
 I J K L M N O P
 Q R S T U V

Ad copy: _____

- Please mail this completed form and your check (payable to Sinai Foundation) to: New England Sinai Hospital Foundation, PO Box 837, Stoughton, MA 02072-0837.
- For more information, please contact Janine Landers at (781) 297-1153 (phone), (781) 297-1663 (fax), or jlenders@nesinai.org.