

CMA's Celebration of Independence

Recipes for Fulfilling Lives

Honoring Deborah & David Cohen

Village Club at Lake Success on Thursday, October 30, 2014, 7:00 pm

Ticket Price ~ \$225 per person
(cocktails, dinner, special performance and so much more...)

Sponsorship Reservation Form

CMA's Celebration of Independence ~ "Recipes for Fulfilling Lives"

CMA strives to maximize each person's potential to lead a fulfilling, purposeful life in the community by offering a full range of work, social, educational, residential and recreational opportunities.

~ All proceeds benefit of CMA ~

PLEASE INDICATE YOUR SELECTION:

Event Sponsor ~ \$10,000 ~ 2 tables in the President's Circle, Event Banner w/Logo, Acknowledgement from podium at event, on Twitter, Facebook and CMA Website, Platinum Journal Page, Signage and recognition on all event materials, featured in all event publicity.

Dinner Sponsor ~ \$7,500.00 ~ 1 table in VIP seating, Acknowledgement on Facebook and CMA Website, Platinum Journal Page, Signage and recognition on all event materials, featured in all event publicity.

Cocktail Sponsor ~ \$5,000.00 ~ 1 table in VIP seating, Platinum Journal Page, Signage and Recognition on all event materials, featured in all event publicity

Journal Ad Opportunities

BACK COVER ~ \$3,000 INSIDE FRONT COVER ~ 2,000 GOLD ~ \$1,000

SILVER ~ \$750 FULL PAGE ~ \$600 HALF PAGE ~ \$300 QUARTER PAGE ~ \$200

TABLE OF TEN

\$2,250

FAMILY/FRIEND PACKAGE

GOLD JOURNAL AD & TEN GUESTS

\$3,000

TWO-FER PACKAGE

GOLD JOURNAL AD & TWO GUESTS

\$1,300

CONSIDER UNDERWRITING CMA PROGRAM PARTICIPANTS WITH DEVELOPMENTAL
DISABILITIES TO ATTEND THE GALA WITH A COMPANION*

2 PEOPLE~ \$450 4 PEOPLE~ \$900 6 PEOPLE~ \$1350

8 PEOPLE~\$1,800 10 PEOPLE~ \$2,250

* DONORS WILL RECEIVE FULL TAX BENEFITS



Name: _____

Address: _____

City: _____ State _____ Zip _____

Phone: () _____ Email _____

My check made **Payable to CMA** in the amount of \$ _____ is enclosed.

Please charge \$ _____ to my credit card. Visa Mastercard Amex

Cardholder Name : _____

Card # : _____ Expiration Date _____

Solicited by: _____

My Employer has a **Matching Gift Program**. I have enclosed the form.

Attach business card, camera ready artwork or type or print clearly the entire ad copy below.

Copy Deadline October 17, 2014
Mail payment and mail ad copy with this form to:

CMA
99 Quentin Roosevelt Boulevard, Suite 200
Garden City, New York 11530
Attention: Don Williams, Development Associate
516-683-0710, ext. 212 • fax 516-683-0711 • email dwilliams@communitymainstreaming.org

\$120.00 IS THE NON-TAX DEDUCTIBLE PORTION OF EACH DINNER TICKET