

YOU ARE INVITED TO



ST. CHRISTOPHER'S
HEALTH & HARMONY

Gala

2023

APRIL 19, 2023

6:00-9:30 PM

AN EXPERIENTIAL EVENT
AND AWARDS CEREMONY

benefiting enrichment programs for
youth with special needs in our care

GLEN ISLAND HARBOUR CLUB
NEW ROCHELLE, NEW YORK

Details on reverse side and at stchrisgala.eventbee.com



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Please purchase sponsorships and tickets by 4/10/23—and journal ads by 3/31/23—online at stchrisgala.eventbee.com or with this form. If you can donate a unique item, experience or service to our auction, please contact us by 3/31/23 at ddacosta@sc1881.org. Thank you!

Gala Sponsorship Opportunities¹

- Champion Sponsor (\$10,000):** 2 Tables of Ten²; Prime Full-Page Journal Ad; +
- Visionary Sponsor (\$5,000):** Table of Ten²; Full-Page Journal Ad; +
- Hero Sponsor (\$3,500):** Five Guests²; Full-Page Journal Ad
- Benefactor (\$2,500):** Full-Page Journal Ad

¹All sponsorships will be acknowledged at MyStChristophers.org.

²Please send journal copy and graphics by 3/31/23 and names and email addresses of guests by 4/10/23 to ddacosta@sc1881.org.

Gala Tickets³

- Table of Ten: \$2,500**
- One Guest: \$300**
- Two Guests: \$550**
- Sponsor One Staff Member or Student: \$175**

³Please send names and email addresses of guests by 4/10/23 to ddacosta@sc1881.org.

Journal Ads⁴

- Full Page Ad: \$1,000**
- Half-Page Ad: \$500**
- Business Card-Sized Ad: \$250**

⁴Please send copy and graphics by 3/31/23 to ddacosta@sc1881.org.

Donation of Auction Items

If you can donate a unique item, experience or service to our auction, please contact Dennis da Costa at ddacosta@sc1881.org by 3/31/23.

Contact & Payment Information

Name: _____

Company/Organization (if applicable): _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Email Address: _____

- DONATION:** I cannot attend, but wish to make a tax-deductible donation to St. Christopher's, Inc. by Check or Credit Card in the amount of:

IMPORTANT: This event will be conducted in compliance with all CDC and NYS and Westchester County Department of Health COVID-19 guidelines.

Payment Options

CHECK: Enclosed is a check payable to St. Christopher's, Inc. in the amount of:

CREDIT CARD: Please charge this amount to my credit card:

Credit Card Information

Name on Credit Card: _____

Credit Card Type:

VISA **AMERICAN EXPRESS** **MasterCard**

Credit Card Number: _____

Expiration Date: _____ Security Code: _____

Credit Card Billing Address: _____

City: _____ State: _____ Zip: _____

Completing Your Reservation

•Please mail this completed form, along with payment (if paying by check), to:

Dennis da Costa
Advancement Team
St. Christopher's, Inc.
71 S. Broadway, Dobbs Ferry, NY 10522

•Or you may complete and email this form to ddacosta@sc1881.org.

•Your reservation will be acknowledged via email. Guests' names will be held at the reception desk.

Contact Dennis da Costa at ddacosta@sc1881.org or 914-357-6182 if you have any questions.

Thank you for your support and see you April 19!

01-25-23

