



VNS Health 2024 Benefit

THURSDAY, NOVEMBER 14, 2024

The Ziegfeld Ballroom
141 West 54th Street, NYC

An evening to benefit VNS Health
Charitable Care and Community
Impact Programs

6:30 PM Welcome Reception
7:15 PM Program Begins
8:00 PM Dinner, Dancing &
Dessert Reception
Festive Attire

HONORING

ANN AND MARK BAIADA
Founder,
BAYADAbility Rehab Solutions

AND

Founder and Chairman,
BAYADA Home Health Care



Building Healthy Communities

For information: 212.609.1565 or 917.566.4101 or john.billeci@vnshealth.org or visit www.vnshealth.org/2024Gala

Please remove and send back bottom sections

PLEASE RESERVE THE FOLLOWING

IN-PERSON BENEFITS

- \$100,000 UNDERWRITER SPONSOR**
Special Underwriter Recognition including Underwriter Chair listing, Diamond 2-Page Virtual Ad, Dedicated Social Media Posts, Night-of Video Sponsorship and 2 Tables of Ten
- \$50,000 LILLIAN WALD SPONSOR**
Benefit Chair listing, Platinum Virtual Ad, Podium & Logo Recognition, Dedicated Social Media Posts, Night-of Video Sponsorship and 1 Table of Ten
- \$25,000 NURSING CHAMPION**
Co-Chair listing, Gold Page Virtual Ad, Podium & Logo Recognition, Dedicated Social Media Posts, Website Video Sponsorship and 1 Table of Ten
- \$17,500 CAREGIVER ADVOCATE**
Vice-Chair listing, Silver Page Virtual Ad, Logo Recognition, Dedicated Social Media Posts and 1 Table of Ten
- \$12,500 AIDE SUPPORTER**
Committee listing, Full Page Color Virtual Ad and 1 Table of Ten
- \$2,500 GUARDIAN TICKET(S)**
Committee listing
- \$1,750 SUPPORTER TICKET(S)**
Committee listing
- \$1,250 FRIEND TICKET(S)**
Committee listing if you purchase two Friend tickets at \$1,250 each

\$350 is the non-deductible portion of each ticket.
All other support is deductible to the extent allowed by law.
VNS Health Federal Tax ID# 13-3189926.

DONATIONS (tickets not included)

- \$10,000 HEALTHCARE ACCESS SUPPORTER**
Can help connect members of isolated communities access care where age, communication, transportation and language barriers exist (includes Committee listing)
- \$7,500 VETERANS SUPPORTER**
Can help ensure that veterans and their families are connected with clinical care, community resources and veteran-specific benefits through our veterans liaisons (includes Committee listing)
- \$5,000 BEHAVIORAL HEALTH SUPPORTER**
Can help provide community outreach and support for people of all ages with illnesses such as dementia, depression, and anxiety, as well as substance use disorders (includes Committee listing)
- \$2,500 LGBTQIA+ SUPPORTER**
Can help build VNS Health's cultural sensitivity and community outreach so that every LGBTQIA+ patient is treated with empathy, courtesy and respect (includes Committee listing)
- \$1,250 COMMUNITY OUTREACH SUPPORTER**
(Includes Virtual Journal listing)

ENCLOSED IS A CONTRIBUTION OF

\$ _____

HONOR A HEALTHCARE HERO LISTING

\$125 In Honor of: _____

MEMORIAL LISTING

\$125 In Memory of: _____

VIRTUAL ADVERTISING

- Email your ad as a hi-res PDF to john.billeci@vnshealth.org
- Full Page ad: 650 x 950 pixels
- Half Page ad: 650 x 485 pixels
- Deadline for ad submission: October 16, 2024.
- **Please Note:** Earlier submissions will be displayed on Gala website beginning September 18, 2024.

- \$10,000** Outside Back Cover (6" w x 9" h)
- \$7,500** Inside Front Cover (6" w x 9" h)
- \$5,000** Inside Back Cover (6" w x 9" h)
- \$3,750** Platinum Page Full Color Ad (6" w x 9" h)
- \$3,000** Gold Page Full Color Ad (6" w x 9" h)
- \$2,250** Silver Page Full Color Ad (6" w x 9" h)
- \$1,500** Full Page B&W Ad (6" w x 9" h)
- \$750** Half Page B&W Ad (6" w x 4.5" h)

Ad Contact Name

Email

PAYMENT INFORMATION

Please make checks payable to VNS Health or fill in credit card info and return via mail or fax to:

John Billeci, Vice President of Special Events
VNS Health, Development Dept.
220 East 42nd Street
New York, NY 10017

T: 212.609.1565 or 917.566.4101 | F: 212.794.6480
E: john.billeci@vnshealth.org
W: www.vnshealth.org/2024Gala

- Payment Enclosed Payment to Follow
Credit Card: MC Visa Amex

LISTING INFORMATION

Please list me as: Name Organization Anonymous | This gift is a: Corporate Gift Personal Gift

Name (exactly as you wish to be listed) Organization (exactly as you wish to be listed)

Address City State Zip

Phone Email

You may opt out of receiving fundraising requests by emailing development@vnshealth.org or calling 212.609.1525

Card Number

Exp. Date CVV Zip

Signature