

HUDSON VALLEY COMMUNITY SERVICES'

30th Anniversary Party

ABOUT THE EVENT

On Friday, September 23, 2016, Hudson Valley Community Services (HVCS) celebrates thirty years of service to those living with chronic illness in the Hudson Valley. Our Thirtieth Anniversary Party will feature live music, a silent auction, open bar, delicious food stations, dancing, and fun, interactive activities that reference our decades of support for those living with HIV/AIDS and other chronic diseases. Please join us for this momentous occasion as we honor our past and celebrate the future of supportive healthcare throughout our seven-county region. All proceeds will benefit our programs and services for 3,500 local residents.

At a glance:
Friday, Sept 23, 2016

6 - 11 pm

Sinapi's Ceola Manor
489 E. Main St.
Jefferson Valley, NY

Tickets: \$150 per person

30TH ANNIVERSARY COMMEMORATIVE JOURNAL AD

I would like to show my support and promote my company at the level marked below: (Please Mark "X")

- Half Page 5" x 3.75" B&W \$100.00 Front Inside 5" x 7.75" B&W \$400.00
 Full Page 5" x 7.75" B&W \$200.00 Back Cover 5" x 7.75" Color \$500.00

My advertisement will be submitted as follows: (Please Mark "X" in the Box that Applies)

My ad will be E-mailed to aacomando@hudsonvalleycs.org (JPEG, PDF, EPS, Illustrator file)

My business card or printed ad is enclosed with this form

Please create an Ad on my behalf with the following text:

PAYMENT INFORMATION: Checks and completed forms should be mailed to: HVCS attn: Public Relations at 40 Saw Mill River Road, Hawthorne, New York 10532. Checks can be made payable to: Hudson Valley Community Services or HVCS. To pay by credit card or debit please contact Anthony Accomando at (914) 785 8277. Pay Online Payment via PayPal: www.hudsonvalleycs.org/donate

Payment Method: Check Credit Card Online

Name: _____

Company Name: _____

Address: _____ St: _____ Zip: _____

Phone: _____ Fax: _____ Other: _____

E-Mail: _____ Website: _____

If Paying with Credit Card Please Circle Type and complete below: MC VISA AMEX

Card Number: _____ Expiration Date: _____

Security Code: _____ Amount to charge to card: \$ _____

Signature: _____ Date: _____

A copy of our latest annual report may be obtained, upon request, from the Finance or Public Relations Departments, or from the Office of the Attorney General, Charities Bureau, 120 Broadway, New York, NY 10271.