

**18<sup>th</sup> Annual Long Island  
Go Red For Women Luncheon  
February 27, 2019  
Crest Hollow Country Club**



**Prices**

Individual Tickets: **\$175**

\_\_\_\_\_ tickets at \$175 each = \$ \_\_\_\_\_

Table (10 seats): **\$1,750**

\_\_\_\_\_ tables at \$1,750 each = \$ \_\_\_\_\_

**Journal Opportunities**

Gold Page - Your personal acknowledgement on a Gold page in the Event Journal (5x8).....\$1,200

Silver Page - Your personal acknowledgement on a Silver page in the Event Journal (5x8).....\$1,000

Full Page - Your personal acknowledgement on a Full page in the Event Journal (5x8).....\$750

Half Page - Your personal acknowledgement on a Half page in the Event Journal (5x3 7/8).....\$500

Memorial Page - Leave a memorial message for loved ones, friends or colleagues (5x3 7/8).....\$350

Survivor Page - Leave your encouraging messages to a survivor & celebrate their strength (5x3 7/8).....\$350

**Journal Specs**

- All acknowledgements are black & white, no borders, no bleeds
- High resolution files (PDF)
- Email journal layouts to: [Lexi.Latino@heart.org](mailto:Lexi.Latino@heart.org)
- Journal Page Deadline: FEBRUARY 11, 2019
- For ideas, sample journal pages or help creating your journal ad please contact:  
*Lexi Latino at [lexi.latino@heart.org](mailto:lexi.latino@heart.org) or call 516.962.0801*

**Open Your Heart Donation (100% tax deductible)**

\$150\_\_\_\_\_ \$250\_\_\_\_\_ \$500\_\_\_\_\_ \$1,000\_\_\_\_\_ \$2,000\_\_\_\_\_ \$2,500\_\_\_\_\_

\$3,000\_\_\_\_\_ \$3,500\_\_\_\_\_ \$4,000\_\_\_\_\_ \$4,500\_\_\_\_\_ \$5,000\_\_\_\_\_ Other Amount\_\_\_\_\_

**Total Amount Due: \$ \_\_\_\_\_**

Guest(s) Names Due by February 15<sup>th</sup> - Anything received after will be listed as "Guest Of..."

GUEST NAME	COMPANY	EMAIL
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

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COMPANY NAME

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FIRST & LAST NAME

TITLE

---

ADDRESS

---

CITY

STATE

ZIP

---

PHONE

FAX

E-MAIL

---

CONFIRMATION OF INTENT SIGNATURE

DATE

Solicited By: \_\_\_\_\_

**Payment Type (circle one):** Check Cash Credit Card

*Please make checks payable to: The American Heart Association*

Visa  MasterCard  American Express  Discover

**In the amount of:** \_\_\_\_\_

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CARD NUMBER

EXPIRATION DATE

CVC (SECURITY CODE)

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NAME AS IT APPEARS ON CARD

AUTHORIZED SIGNATURE

Please fax or email completed form to:

Lexi Latino

American Heart Association

125 E. Bethpage Road, Plainview, NY 11803

Fax: (516) 752-2050 Phone: (516) 962-0801 Email: Lexi.Latino@heart.org

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