

COLUMBIAN FOUNDATION

HONORING

THOMAS CINQUE

Past President, Columbian Foundation

JOSEPH TEMPESTA

Mayor of West Caldwell, NJ

MARY ANN PICONE, M.D.

Medical Director, Alfiero and Lucia Palestroni

Comprehensive Care MS Center at

Holy Name Hospital

LOUIS GERARD VENEZIA

Chief, Bloomfield Fire Department

MICHAEL VENEZIA

Mayor of Bloomfield, NJ

\$4000. PLATINUM SPONSOR
Includes special recognition at the dinner, full-page advertisement on the front cover/back cover and inside back cover of the Commemorative Journal and a table of ten for dinner. (Only three Platinum sponsors are available.)

\$3000. GOLD SPONSOR
Includes special recognition at the dinner, full Gold page advertisement in the Commemorative Journal and six tickets to the dinner.

\$2000. SILVER SPONSOR
Includes special recognition at the dinner, full Silver page advertisement in the Commemorative Journal and four tickets to the dinner.

\$500. BRONZE PAGE
8" x 10" Full Page Ad

\$300. FULL STANDARD
8" x 10" Full Page Ad

\$150. HALF PAGE
5" x 8" Half Page Ad

**\$100. PATRON/
BUSINESS CARD**
2" x 3.5" Ad

(TAX DEDUCTIBLE)

**PLEASE ENCLOSE THIS FORM, YOUR CAMERA-READY COPY, AD LAYOUT,
OR BUSINESS CARD AND CHECK MADE PAYABLE TO:
COLUMBIAN FOUNDATION TOGETHER WITH THIS FORM TO:**

COLUMBIAN FOUNDATION

C/O LISA MARIE FALBO

373 ROUTE 46 WEST, SUITE 220 E, FAIRFIELD, NEW JERSEY 07004

PHONE 973.521.7159

NAME

COMPANY

ADDRESS

CITY / STATE / ZIP

EMAIL

BUSINESS TELEPHONE

HOME TELEPHONE

E-MAIL ADDRESS: LISAMARIE@LONGSHOTPROD.TV

VISIT: COLUMBIANFOUNDATION.COM TO PAY VIA PAYPAL

RESERVATION CARD

COLUMBIAN FOUNDATION



80TH AWARDS DINNER
SATURDAY, OCTOBER 29, 2022

PLEASE RESPOND BY **OCTOBER 20, 2022**
RESERVATION \$250. PER PERSON
TABLE OF 10 \$2500.
ENCLOSED CHECK FOR \$_____ PAYABLE TO:
COLUMBIAN FOUNDATION
UNABLE TO ATTEND, DONATION ENCLOSED
\$_____
TO PAY BY CREDIT CARD SEE BELOW
TAX DEDUCTION: \$100. PER PERSON

HONOREES

(PLEASE CHECK OFF WHO YOU ARE SUPPORTING)

THOMAS CINQUE MARY ANN PICONE, M.D.

JOSEPH TEMPESTA LOUIS GERARD VENEZIA MICHAEL VENEZIA

NAME _____

COMPANY _____

ADDRESS _____

CITY / STATE / ZIP / TELEPHONE _____

EMAIL _____

ENCLOSED CHECK CONFIRMATION FOR: _____

PLEASE SEAT US WITH _____

TO PAY BY CREDIT CARD COMPLETE THE BELOW INFORMATION CLEARLY

NAME, ADDRESS, ZIP & EMAIL OF CARDHOLDER _____

AMEX _____ VISA _____ MASTERCARD _____ CARD # _____

EXPIRATION DATE _____ CARD HOLDER SIGNATURE _____

PLEASE CHARGE MY ACCOUNT \$_____ FOR _____ RESERVATION(S)

E-MAIL ADDRESS: LISAMARIE@LONGSHOTPROD.TV
VISIT: COLUMBIANFOUNDATION.COM TO PAY VIA PAYPAL