

COLUMBIAN FOUNDATION

HONORING

CARA DIFALCO
Chef & Culinary Expert
Cara's Cucina and QVC

CAVALIERE SUSAN R. LAMORTE
Assistant Director of Disability
Determination Services - Retired

SILVERIO W. BASILE
Hedge Fund Manager

HONORABLE MICHAEL J. PETROLE
Retired Essex County Superior Court Judge

- \$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



81st Awards Dinner
SATURDAY, SEPTEMBER 30, 2023

PLEASE RESPOND BY **SEPTEMBER 21, 2023**
RESERVATION \$275. PER PERSON
TABLE OF 10 \$2750.
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)

SILVERIO W. BASILE CARA DIFALCO

CAVALIERI SUSAN R. LAMORTE HONORABLE MICHAEL J. PETROLE

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 # _____

EXP. DATE _____ CVV _____ CARD HOLDER SIGNATURE _____

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

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