

COLUMBIAN FOUNDATION

HONORING

TOM BOORUJY
*Chiropractor & Healthcare
Entrepreneur*

MIKE MARINO
*Managing Director,
New York Office of FW Cook*

PASQUALE F. GIANNETTA, ESQ.
Columbian Foundation Member

JOHN CHRISTOPHER RESCINITI
Owner & President of Motorcycle Mall

\$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 Color Ad

\$300. FULL STANDARD
8" x 10" Full Page B&W 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 MICHAEL SACCONI
PO BOX 651 + ESSEX FELLS, NJ 07021-0651
PHONE 973.747.0001**

NAME

COMPANY

ADDRESS

CITY / STATE / ZIP

EMAIL

BUSINESS TELEPHONE

HOME TELEPHONE

**E-MAIL ADDRESS: MSACCONI747@GMAIL.COM
VISIT: COLUMBIANFOUNDATION.COM TO PAY VIA PAYPAL**

RESERVATION CARD

COLUMBIAN FOUNDATION



82ND AWARDS DINNER

SATURDAY, OCTOBER 26, 2024

PLEASE RESPOND BY OCTOBER 21, 2024

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)

- TOM BOORUJY PASQUALE F. GIANNETTA, ESQ.
 MIKE MARINO JOHN CHRISTOPHER RESCINITI

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)

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