

# THE 62<sup>ND</sup> ANNUAL VALLEY BALL

**The Valley Hospital Auxiliary cordially invites you to an**  
**AN EVENING OF ELEGANCE**

Proceeds will support the Auxiliary's  
\$1.5 million pledge to The Valley Hospital

**November 17, 2017**

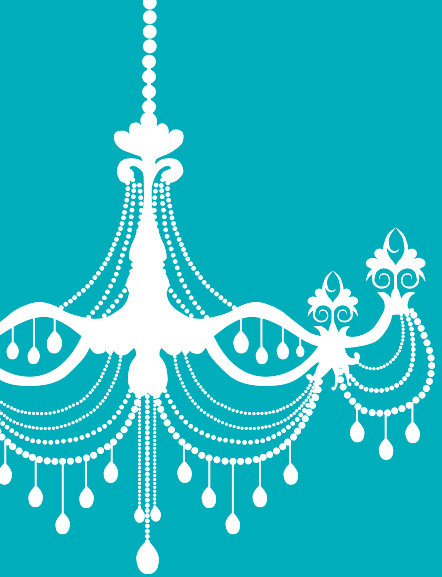
**7 PM**  
Cocktails

**8 PM**  
Dinner & Dancing

**The Rockleigh**  
26 Paris Avenue  
Rockleigh, NJ

Black Tie  
Call 201-447-8064





# The 62nd Annual Valley Ball

## AN EVENING OF ELEGANCE

Name \_\_\_\_\_  
(As it will appear in the program)

Address \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

All attendees and donors will be listed in the program.

\$ \_\_\_\_\_ for \_\_\_\_\_ **Benefactor/s @ \$500 per guest** (\$360 of each ticket is tax deductible)

\$ \_\_\_\_\_ for \_\_\_\_\_ **Patron/s @ \$350 per guest** (\$210 of each ticket is tax deductible)

\$ \_\_\_\_\_ for \_\_\_\_\_ **Sponsor/s @ \$250 per guest** (\$110 of each ticket is tax deductible)

**total amount      number at each level**

Please seat me with \_\_\_\_\_

I am unable to attend. Please accept my donation of \$ \_\_\_\_\_

*Payment method: Please make checks payable to The Valley Hospital Auxiliary or provide credit card information: (payments are non-refundable).*

Name \_\_\_\_\_ Number \_\_\_\_\_  
(As it appears on card)

Exp. Date \_\_\_\_\_ Billing Zip Code \_\_\_\_\_ Amount \_\_\_\_\_

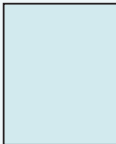
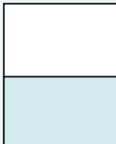
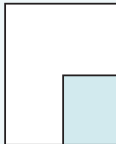
Signature \_\_\_\_\_

For questions regarding table reservations, contact Nancy Weiss at 201-394-4940 or weiss165@optonline.net  
**Please respond by November 6, 2017 to Nancy Weiss, 17 Alpine Drive, North Haledon, NJ 07508.**

Sponsor Name \_\_\_\_\_ Contact Name \_\_\_\_\_  
(As it will appear in the program)

Phone/Email \_\_\_\_\_  
(For artwork and design follow-up)

I would like to contribute to the Valley Ball as a:

Platinum Sponsor	<input type="radio"/> \$10,000	Platinum Page in Program & VIP Table of 10 Guests		
Gold Sponsor	<input type="radio"/> \$5,000	Gold Page in Program		
Bronze Sponsor	<input type="radio"/> \$3,000	Bronze Page in Program		
Friend	<input type="radio"/> \$1,000	<input type="radio"/> \$500	<input type="radio"/> \$275	
	Full Page	Half Page	Quarter Page	
All ads printed black & white. Full Page—7" x 8.5" Half Page—7" x 4.25" Quarter Page—3.5" x 4.25" Allow 1/2" margin overall				

I would like to use the same ad as last year at the commensurate rate.

All donations to the Valley Ball program are tax deductible to the full extent provided by the law.  
*Payment Method: Please make checks payable to The Valley Hospital Auxiliary or provide credit card information: (payments are non-refundable).*

Name \_\_\_\_\_ Number \_\_\_\_\_  
(As it appears on card)

Exp. Date \_\_\_\_\_ Billing Zip Code \_\_\_\_\_ Amount \_\_\_\_\_

Signature \_\_\_\_\_

**Thank you for supporting the Valley Ball 2017.**

**Please mail your information including hi res logo, design or artwork to:**

The Valley Hospital Foundation  
Sandy Carapezza  
223 N. Van Dien Avenue  
Ridgewood, NJ 07450  
Or acarape@valleyhospital  
foundation.org

*For questions regarding sponsorships, contact Sandy Carapezza at 201-291-6316.*

**Please respond by November 6, 2017**

Visit [www.valleyhealth.com/auxiliary](http://www.valleyhealth.com/auxiliary) for more information.

