



# Latino Center on Aging Thirty-First Golden Age Awards Annual Banquet

Thursday, June 27th, 2019, 6:30 PM

Villa Barone Manor • 737 Throggs Neck Expressway, Bronx, New York City

## Honoring:

**Luis O. DeLaHoz**

SHCCNJ

Effective Leadership

**Dr. Ramón Tallaj**

Somos Community Care

Community Leadership

**Patricia Tursi**

Elizabeth Seton Children's

Humanitarian

**Marc Altholz**

Partners Pharmacy

Corporate

**Cyrene Renee**

Author, Poet, Playwright

Community Service

**Banquet Chairperson**

**Adriene Rosell**

Latino Center on Aging

**Journal Co-Chairs**

**Rita DiMartino**

BronxCare Health System

**Jean Fuentes**

FOX Television

**Black Tie Event**

Contributions are tax deductible to the full extent of the law. The non-deductible portion of each dinner ticket is \$110.

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**Please Reserve:**

- Benefactor Table** - Two Premiere Tables of Ten **\$20,000**  
VIP Reception, Back Cover Journal Ad, Banquet and Internet Recognition, Banner Display on Premises, and Opportunity for Welcome Remarks
- Patron Table** - Preferred Table of Ten **\$12,000**  
Inside Front Cover Journal Ad, Greetings to Gala guests, Banquet, and Internet Mention
- Sponsor Table** - Table of Ten **\$8,500**  
Inside Back Cover Journal Ad, Banquet and Internet Recognition
- Friend Table** **\$6,000**       **Individual Ticket** **\$600**  
Table of Ten, Full Page Journal Ad, Reception

**Journal Ads:**

- Outside Back Cover \$4,000       Gold Page \$2,000       Half Page \$750
- Inside Front Cover \$3,000       Silver Page \$1,500       Qtr. Page \$500
- Inside Back Cover \$3,000       Full Page \$1,000

**Attach camera ready copy or write/e-mail/fax your message. Printing Deadline: June 14th, 2019**

**Underwriting Opportunities:**

- Dinner \$25,000       Journal \$6,000
- Cocktail Reception \$8,000       Music \$3,000       Flowers \$2,000

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Business: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

- Pay by check payable to: Latino Center on Aging       Please invoice me
- Credit Card       Visa       Mastercard       Amex

Acct. #: \_\_\_\_\_ exp. date \_\_\_\_\_ cvv: \_\_\_\_\_

Signature: \_\_\_\_\_ Amt. to charge: \_\_\_\_\_