

# Latino Center on Aging Twenty-Fifth Golden Age Awards Annual Banquet

Wednesday, June 22nd, 2016, 6:30 PM

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

## Honoring:

**Gene Memoli**

Omnicare  
Humanitarian

**Dr. Carmen D. Sánchez**

Office on Aging - PR  
Lifetime Achievement

**Tim O'Toole**

VITAS Healthcare  
Diversity Leadership

**John R. Colón**

Bronx/Lebanon HC  
Community Service

**Josh Klein**

Royal Care NYC  
Corporate

**Dr. David Gómez**

Hostos Community College  
Community Leadership

**Connie Landau**

Platinum Care  
Corporate

## Banquet Chairperson

**Adriene Rosell**

Acacia Network, Inc.

**Paul Meyeroff**

ProCare LTC

## Journal Co-Chairs

**Rita DiMartino**

CUNY/Bronx-Lebanon Hospital Center

**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** **\$25,000**

Two Premiere Tables of Ten, VIP Reception, Back Cover Journal Ad, Banquet and Internet Recognition, Banner Display on Premises, and Opportunity for Welcome Remarks

**Patron Table** **\$15,000**

Two Preferred Table of Ten, Inside Front Cover Journal Ad, Option to bring Greetings to Gala guests

**Sponsor Table** **\$10,000**

Table of Ten, Inside Back Cover Journal Ad, Banquet and Internet Recognition

**Friend Table** **\$5,000**       **Individual Ticket** **\$600**

Table of Ten, Reception

**Journal Ads:**

Outside Back Cover \$5,000       Gold Page \$3,000       Half Page \$650

Inside Front Cover \$4,500       Silver Page \$2,000       Qtr. Page \$500

Inside Back Cover \$4,500       Full Page \$1,000

**Attach camera ready copy or write/e-mail/fax your message. Printing Deadline: June 10th, 2016**

**Underwriting Opportunities:**

Dinner \$35,000       Journal \$6,000

Cocktail Reception \$10,000       Music \$4,000       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: \_\_\_\_\_