

# The Hebrew Institute of White Plains

20 Greenridge Avenue White Plains, NY 10605  
Telephone (914) 948-3095 — Fax: (914) 949-4676 — E-mail: [office@hiwp.org](mailto:office@hiwp.org)

## 2010 Testimonial Dinner Journal and Membership Directory

### PERSONAL AD BLANK

Please complete the following to place an ad in our commemorative Journal:

Name:	_____
Address:	_____
Phone:	_____
E-mail:	_____

#### Greeting Categories:

Please circle:

Inside Cover and table of 10 guests*	\$5,000
Double Diamond Page and table of 10 guests*	\$3,500
Diamond Page and 2 dinner tickets*	\$2,500
Gold Page and 2 dinner tickets*	\$1,000
Silver Page and 2 dinner tickets*	\$ 750
Full Page	\$ 500
Half Page	\$ 250
Quarter Page	\$ 180

#### **SINGLE TICKET PACKAGES:**

Gold Page and 1 dinner ticket*	\$ 800
Silver page and 1 dinner ticket*	\$ 575

\*\$180 is the cost of the Dinner for one person. The remainder of your contribution is tax deductible to the extent permitted by law.

SEE REVERSE SIDE FOR DINNER TICKET RESERVATIONS AND TO MAKE A DONATION TO THE HEBREW INSTITUTE

Check here if purchasing dinner tickets

Check here if making a donation

Attach your camera ready artwork for your personal greeting, or complete the following form. Please send your ad to HIWP via Fax: 914.949.4676 E-mail: [office@hiwp.org](mailto:office@hiwp.org) or mail to: Hebrew Institute of White Plains, 20 Greenridge Avenue, White Plains, NY 10605

Attn: Journal Ads - ALL ADS MUST BE SUBMITTED BY FEBRUARY 22, 2010

_____
_____
_____
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***PLEASE SEE OTHER SIDE FOR DINNER INFORMATION AND TO MAKE A DONATION TO THE HEBREW INSTITUTE***

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### PERSONAL AD BLANK

Please complete the following to purchase tickets to our Dinner and/or to make a donation to the Hebrew Institute of White Plains:

Name: _____
Address: _____
Phone: _____
E-mail: _____

Please reserve _____ tickets for the Dinner on March 21, 2010
_____ @ \$180 per ticket
_____ tickets included with ad purchase (see reverse side)
and/or
I would like to make a donation to the Hebrew Institute of White Plains in the amount of \$_____, in honor of _____.
_____
Enclosed is my check for \$_____
Please charge \$_____ to my: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard
Account Number: _____
Expiration Date: _____
Billing Address: _____

***PLEASE SEE OTHER SIDE FOR JOURNAL INFORMATION***