



|||||Scene 1/ Take 1/ 5-1-2010|||||

▶ HAS ANYONE SEEN **H O U S E**?

Kimball Medical Center Foundation
presents
"Dr. House's Prescription for Success"

- Patients 1 & 2: **Alex & Jennifer Sauickie**
 - Symptoms: helpfulness, generosity, kindness
 - Diagnosis: Good Health Ambassador Award Recipients
- Patient 3: **Stephen Acropolis, Mayor of Brick Township**
 - Symptoms: dedication, honor, philanthropy
 - Diagnosis: H. George Buckwald Humanitarian Award Recipient
- Patient 4: **Paul Kate, MD**
 - Symptoms: signs of a kind heart, patience, compassion
 - Diagnosis: Caring For and About People Award Recipient

On **Saturday, May 1, 2010** Join Dr. House so we can officially treat our patients with their awards

Meet us at **6:00 pm** for rounds at the Crystal Point Yacht Club
3900 River Avenue, Point Pleasant, New Jersey



KIMBALL MEDICAL CENTER FOUNDATION
presents
"Dr. Houses Prescription for Success"

Annual Gala Commitment Reply Form

- Yes, count on me for the following:
 I will not be able to attend, but enclosed is a contribution of \$ _____ to benefit Kimball Medical Center Foundation

Name _____

Company _____

Address _____

Phone _____ Fax _____

Email _____

- HUMANITARIAN SPONSORSHIP** – Commitment of \$10,000 entitles the Humanitarian sponsor to special recognition, a gold page ad in the commemorative ad journal and 20 reservations.
- BENEFACTOR SPONSORSHIP** – Commitment of \$5,000 entitles the Benefactor sponsor to special recognition, a gold page ad in the commemorative ad journal and 10 reservations.
- ENTERTAINMENT SPONSOR** – Commitment of \$4,000 entitles the entertainment sponsor to special recognition, a half page ad and four reservations.
- ASSOCIATE SPONSORSHIP** – Commitment of \$3,500 entitles the Associate sponsor to special recognition, a silver page ad and six reservations.
- AD JOURNAL SPONSOR** – Commitment of \$3,000 entitles the ad journal sponsor to special recognition, logo placement on each page in the ad journal, a full page ad and two reservations.
- HOST COMMITTEE** – Commitment of \$2750 entitles the Host Committee member to one table of ten guests and a half page ad.

Please see reverse side for additional opportunities



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Commemorative Ad Journal Reply Form

- Yes, count on me for the following:
 I will not be able to attend, but enclosed is a contribution of
\$ _____ to benefit Kimball Medical Center Foundation

Name _____

Company _____

Address _____

Phone _____ Fax _____

Email _____

- Cover: *Commitment of \$2,000 (maximum of three covers)*
 Gold Page: *Commitment of \$1,500* Silver Page: *Commitment of \$1,000*
 Full Page: *Commitment of \$750* Half Page: *Commitment of \$500*
 Quarter Page: *Commitment of \$250* Friends Listing: *Commitment \$125*
(Friends listing one line listing in journal)

***Enclosed is camera ready artwork. Dimensions are: Full Page 8.5"Hx5.5"W;
Half Page 4.25"Hx2.75"W; Quarter 2"Hx1.3"W***

*Contributions for this event are made payable to:
Kimball Medical Center Foundation*

*Please forward via facsimile to: Jody Herkloz 609-392-6347
Or email to JHerkloz@mbi-gs.com*

*Or forward completed form via mail to: Kimball Medical Center Foundation Gala
c/o Jody Herkloz • 212 West State Street • Trenton, NJ 08608*