

SOLOMON SCHECHTER DAY SCHOOL OF NASSAU COUNTY &
SOLOMON SCHECHTER HIGH SCHOOL OF LONG ISLAND

LIGHT THE WAY DINNER DANCE:

Illuminate the path for our children

JOIN US AS WE CELEBRATE LAG B'OMER, Tuesday, May 12, 2009

At

***Honoring Sheri & Ira Balsam, Manda & Lenny Kristal, and
Harriet & Marvin Rosen***

2009 Annual Benefit Journal & Reservation Form

Please check the appropriate boxes below to place a journal ad, reserve seats make a donation and/or underwrite part of the event.

Journal Ad Deadline: April 19, 2009

Details specs to be included

Journal ads

- | | |
|--|---|
| <input type="checkbox"/> \$18,000 Inside Front or Back Cover | <input type="checkbox"/> \$ 1,000 White Full Page |
| <input type="checkbox"/> \$10,000 Jeweled Full Page | <input type="checkbox"/> \$ 500 Half Page |
| <input type="checkbox"/> \$ 5,000 Gold Full Page | <input type="checkbox"/> \$ 250 Quarter Page |
| <input type="checkbox"/> \$ 3,600 Silver Full Page | <input type="checkbox"/> \$ 180 Congratulatory Message (2 lines) |
| <input type="checkbox"/> \$ 1,800 Bronze Full Page | <input type="checkbox"/> \$ 100 Friend Listing (Name Only-1line)) |

***NOTE: JOURNAL ADS CAN BE DEDUCTED FROM TUITION ACCORDING TO
ATTACHED RULES***

Reservations To Attend:

We would like _____ tickets to attend at \$90 each for a total of \$_____

Please try to sit us with _____

Donations

- I/we will not be able to attend, but would like to make a general tax deductible donation of \$_____ to The Solomon Schechter School of Nassau and The Solomon Schechter High School of Long Island.

Underwriters For The Event

I/we would like to make a donation to help underwrite the evening expenses (all names of underwriters will be listed in the journal).

- Corporate Partner (\$10,000)
 Corporate Friend (\$5,000)
 Sponsor A Faculty Member (\$90 per sponsorship)

LIGHT THE WAY DINNER DANCE:
Illuminate the path for our children (cont'd)

Contact Information

Your Name _____

Address _____

Telephone _____

E-mail _____

Payment Method: Check (Make checks payable to SSDS) Credit Card

If credit card:

Visa Mastercard Amex

Name on card: _____

Credit Card Number _____

Please charge \$ _____ in _____ installments

Expiration Date _____ Billing Zip Code _____

Please send this form, payment and other materials to: Yvette Bergman, Annual Benefit, SSDS Development Office, Solomon Schechter High School of Long Island, 27 Cedar Swamp Road, Glen Cove, NY 11542. For more information, call 516 656-5500 x1220, email: ybergman@ssdsnassau.org