



The Lexiebean Foundation's



4th Annual Wish Upon a Star Gala

Helping ease the financial and emotional burdens that childhood cancer places upon a family, while providing comfort to children as they cope with the extended hospital stays, often associated with their illness. The Lexiebean Foundation supplies care packages to patients, parents, and their siblings, while providing financial aid to families.

Friday, April 25, 2014, 7:30pm-12:30AM

Leonard's of Great Neck

555 Northern Boulevard, Great Neck, NY 11021

Tickets: \$100.00 per person * Cocktail Attire * Raffles * Live Auction * 50/50 *

Name: _____ Telephone: _____ Business Name: _____

Address: _____ City/State/Zip: _____ Email Address: _____

Sponsorship: (please check):

- Platinum** \$2,000.00 includes 4 complimentary dinner guests; prominent display recognition throughout the event; one full red page ad in our journal; prominent display recognition on www.lexiebeanfoundation.org for one year.
- Gold** \$1,500.00 includes 2 complimentary dinner guests; prominent display recognition throughout the event; one full page ad in our journal; prominent display recognition on www.lexiebeanfoundation.org for one year.
- Silver** \$1,000.00 includes 2 complimentary dinner guests; prominent display recognition throughout the event and prominent display on www.lexiebeanfoundation.org for one year.
- Bronze** \$750.00 includes prominent display recognition throughout the event and prominent display recognition on www.lexiebeanfoundation.org for one year.

Journal Ads: (please note deadline for submission is March 15th . Mail your ad or business card to The Lexiebean Foundation, 46 Werman Court, Plainview NY 11803 or email jfalabella@lexiebeanfoundation.org).

(Please Check):

- Back cover \$1000
- Inside Front/Back Cover \$500
- Red "Lexiebean" Page \$300
- Full Page \$150
- Half Page \$100
- Business Card \$50

Tickets:

____ # of Tickets @ \$100.00 pp Please seat me with: _____

____ I am unable to attend but would like to make a donation in the amount of: _____

Payment form: (Mail Checks to: The Lexiebean Foundation, 46 Werman Court, Plainview, NY 11803)

- Check** payable to The Lexiebean Foundation
- Credit Card** Acct # _____ 3/4 Digit Security Code _____ Exp. Date _____

Signature _____

- **Pay online** at www.lexiebeanfoundation.org using PayPal, click on link for “Gala”

*****R.S.V.P. by March 22nd, 2014***No tickets will be sold at the door*****

For More Information, please call LeaAnn – 516-852-8227, or visit www.lexiebeanfoundation.org