VNS Health
2026 Benefit

An evening to benefit VNS Health Charitable Care and Community Impact Programs.

HONORING
RICHARD PARK, MD
CEO and Co-Founder, Rendr
Managing Partner and Co-Founder, Ascend Partners

THURSDAY, NOVEMBER 12, 2026
The Ziegfeld Ballroom
141 West 54th Street, NYC
6:30 PM Welcome Reception
7:15 PM Program Begins
8:00 PM Dinner, Dancing & Dessert Reception
Festive Attire

For information: 212.609.1565 or 917.566.4101 or john.billeci@vnshealth.org or visit www.vnshealth.org/gala

Please remove and send back bottom sections

PLEASE RESERVE THE FOLLOWING

TABLE/TICKET BENEFITS

- ☐ **$100,000** **UNDERWRITER SPONSOR** — Special Underwriter Recognition including Underwriter Chair listing, Diamond 2-Page Virtual Ad, Dedicated Social Media Posts, Night-of Video Sponsorship and 2 Tables of Ten
- ☐ **$50,000** **LILLIAN WALD SPONSOR** — Benefit Chair listing, Platinum Virtual Ad, Podium & Logo Recognition, Dedicated Social Media Posts, Night-of Video Sponsorship and 1 Table of Ten
- ☐ **$25,000** **NURSING CHAMPION** — Co-Chair listing, Gold Page Virtual Ad, Podium & Logo Recognition, Dedicated Social Media Posts, Website Video Sponsorship and 1 Table of Ten
- ☐ **$17,500** **CAREGIVER ADVOCATE** — Vice-Chair listing, Silver Page Virtual Ad, Logo Recognition, Dedicated Social Media Posts and 1 Table of Ten
- ☐ **$12,500** **AIDE SUPPORTER** — Committee listing, Full Page Color Virtual Ad and 1 Table of Ten
- ___ **$2,500** (# of tickets) **GUARDIAN TICKET(S)** — Committee listing
- ___ **$1,750** (# of tickets) **SUPPORTER TICKET(S)** — Committee listing
- ___ **$1,250** (# of tickets) **FRIEND TICKET(S)** — Committee listing if you purchase two Friend tickets at $1,250 each

$400 is the non-deductible portion of each ticket.
All other support is deductible to the extent allowed by law.

VNS Health Federal Tax ID# 13-3189926.

DONATIONS (tickets not included)

- ☐ **$10,000** **HEALTHCARE ACCESS SUPPORTER** — Can help connect members of isolated communities with access to care where age, communication, transportation and language barriers exist (includes Committee listing)
- ☐ **$7,500** **VETERANS SUPPORTER** — Can help ensure that veterans and their families are connected with clinical care, community resources and veteran-specific benefits through our veterans liaisons (includes Committee listing)
- ☐ **$5,000** **BEHAVIORAL HEALTH SUPPORTER** — Can help provide community outreach and support for people of all ages with illnesses such as dementia, depression, and anxiety, as well as substance use disorders (includes Committee listing)
- ☐ **$2,500** **LGBTQIA+ SUPPORTER** — Can help build VNS Health's cultural sensitivity and community outreach so that every LGBTQIA+ patient is treated with empathy, courtesy and respect (includes Committee listing)
- ☐ **$1,250** **COMMUNITY OUTREACH SUPPORTER** (Includes Virtual Journal listing)

☐ **ENCLOSED IS A CONTRIBUTION OF**
$ _____

HONOR A HEALTHCARE HERO LISTING

☐ $125 In Honor of: _____

MEMORIAL LISTING

☐ $125 In Memory of: _____

VIRTUAL ADVERTISING

- Email your ad as a hi-res PDF to john.billeci@vnshealth.org
- Full Page ad: 650 x 950 pixels
- Half Page ad: 650 x 485 pixels
- Deadline for ad submission: October 14, 2026.
- **Please Note:** Earlier submissions will be displayed on Gala website beginning September 18, 2026.

- ☐ **$10,000** Outside Back Cover (6"w x 9"h)
- ☐ **$7,500** Inside Front Cover (6"w x 9"h)
- ☐ **$5,000** Inside Back Cover (6"w x 9"h)
- ☐ **$3,750** Platinum Page Full Color Ad (6"w x 9"h)
- ☐ **$3,000** Gold Page Full Color Ad (6"w x 9"h)
- ☐ **$2,250** Silver Page Full Color Ad (6"w x 9"h)
- ☐ **$1,500** Full Page B&W Ad (6"w x 9"h)
- ☐ **$750** Half Page B&W Ad (6"w x 4.5"h)

Ad Contact Name _____

Email _____

PAYMENT INFORMATION

Please make checks payable to VNS Health or fill in credit card info and return via mail or fax to:

John Billeci, Vice President of Special Events
VNS Health, Development Dept.
220 East 42nd Street
New York, NY 10017

T: 212.609.1565 or 917.566.4101 | F: 212.794.6480
E: john.billeci@vnshealth.org
W: www.vnshealth.org/gala

☐ Payment Enclosed ☐ Payment to Follow

Credit Card: ☐ MC ☐ Visa ☐ Amex

Card Number _____

Exp. Date _____ **CVV** _____ **Zip** _____

Signature _____

LISTING INFORMATION

Please list me as: ☐ Name ☐ Organization ☐ Anonymous | This gift is a: ☐ Corporate Gift ☐ Personal Gift

Name (exactly as you wish to be listed) _____ **Organization** (exactly as you wish to be listed) _____

Address _____ **City** _____ **State** _____ **Zip** _____

Phone _____ **Email** _____

You may opt out of receiving fundraising requests by emailing development@vnshealth.org or calling 212.609.1525