



Full Page
4.625" w x 7.625" h

Half Page
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7.625" h

Half Page
4.625" w x 3.75" h

Quarter Page
2.25" w x 3.75" h

Quarter Page
4.625" w x 1.75" h

Please send
a pdf or jpeg file to
kcolby@nlh.org
by
May 13, 2025

Nathan Littauer Foundation presents

The EVENT

"The Time of Your Life"

JUNE 13, 2025
7:00 PM



THE ECCENTRIC CLUB
109 North Main Street, Gloversville, NY

Sponsorships: A variety of opportunities are available. (See inside)

Tickets: Patrons - \$250 per person
General Tickets - \$125 per person

Donate an Auction Item: If you have an item, a gift basket, or access to a unique or exciting experience, please consider making an in-kind donation for our silent auction.

For more information please contact The Foundation at 518-773-5505.
All contributions are tax-deductible to the extent of the law.

Nathan Littauer Foundation
99 East State Street, Gloversville, NY 12078

518-773-5505
kcolby@nlh.org





EVENT Auction Donor Form

Contact Name:_____ Title: _____

Company (if Applicable): _____

Street: _____

City: _____ State: _____ Zip: _____

Phone: _____ Cell: _____

E-Mail: _____

Description of donated item(s): _____

Fair Market Value: _____

Name to appear for recognition: _____

Check all that apply:

- ☐ Gift certificate is enclosed
- ☐ This donor form serves as my gift certificate
- ☐ Item or gift certificate is forthcoming by: ☐Mail/Fed-Ex/UPS ☐Will deliver ☐Arrange for pick up
- ☐ Committee Member has my donation (Committee Member: _____)
- ☐ I am unable to donate an auction item, but wish to show my support by making a donation of \$_____

Nathan Littauer Foundation
99 East State Street
Gloversville, NY 12078

JUNE 13, 2025
7:00 pm

EVENT Sponsorship Reply Form

Contact Name:_____ Title: _____

Name or Company (as you would like it to appear on EVENT materials):_____

Street: _____

City: _____ State: _____ Zip: _____

Phone: _____ Cell: _____

E-Mail: _____

- ☐ Title Sponsor | \$25,000 (max 2)
Inside front cover spread
24 EVENT tickets
- ☐ Marketing Sponsor | \$2,500
Full page ad
4 EVENT tickets
- ☐ Donor | \$500
1/2 page ad
2 EVENT tickets
- ☐ Culinary Sponsor | \$10,000
Multiple page ad
10 EVENT tickets
- ☐ Valet Sponsor | \$2,500
Full page ad
4 EVENT tickets
- ☐ Supporter | \$250
1/2 page ad
- ☐ Entertainment Sponsor | \$5,000
Full page ad
6 EVENT tickets
- ☐ Photo Sponsor | \$2,500
Full page ad
4 EVENT tickets
- ☐ Associate | \$100
1/4 page ad
- ☐ Cocktail Sponsor | \$5,000
Full page ad
6 EVENT tickets
- ☐ Table Sponsor | \$1,000
Full page ad
2 EVENT tickets
- ☐ Friend |\$50
Listing in the Journal

- ☐ Other_____
- ☐ I am unable to serve as a sponsor, but I would like to purchase tickets. Please send an invitation.
- ☐ I am unable to serve as a sponsor nor attend, but wish to show my support by making a contribution of \$_____.

- ☐ Payment Enclosed ☐ Please send an invoice
- ☐ Please apply payment to my:
☐ MC ☐ Visa ☐ American Express ☐ Discover
- ☐ Make my gift go further. Please increase my credit card gift by 3% to help cover transaction expenses.

Account Number: _____ Exp: _____ CSC:_____

Signature: _____

To have your name removed from our distribution list for future fund raising materials designed to support Nathan Littauer Hospital and Nursing Home, please contact us at The Nathan Littauer Foundation, 99 East State Street, Gloversville, NY 12078; 518-773-5505

