

New Event

Jazz Celebration



with George Benson, Manhattan Transfer, David Sanborn,
Kenny Barron, Jon Faddis, Jimmy Heath, Paquito D’Rivera and More!

Friday, October 19, 2012

Wine & Cheese Reception 6:00 pm

Concert 8:00 pm

New Jersey Performing Arts Center
1 Center Street, Newark, NJ 07102

Schedule

6:00-7:30 pm Wine & Cheese Reception

8:00 pm Concert Begins

Everything is included:

The evening will offer orchestra seating, wine and cheese reception including savory dips and crudité’s, advance parking and a memento of the evening.



Jazz Celebration



Response Form

Sign up today!

Please return this form & payment by October 5, 2012

Name _____

Company _____

Address _____

City _____ State _____ Zip _____

Bus. Phone _____ Home Phone _____

Fax _____ E-Mail Address _____

Sponsorship information

Sponsors will be recognized in the program at the event. All Sponsorships are 100% tax deductible.

- Event Sponsor \$15,000
(Includes 10 tickets with backstage meet & greet!)
- Backstage Tour Sponsor \$10,000
- Wine & Cheese Reception Sponsor \$7,500
- Trumpet Sponsor \$5,000
- Sax Sponsor \$2,500
- Piano Sponsor \$2,000
- Drum Sponsor \$2,000
- Parking Sponsor \$1,500
- Gift Sponsor \$1,250
- Platinum Sponsor \$1,000
- Gold Sponsor \$750
- Silver Sponsor \$500
- Bronze Sponsor \$300

Reservations

VIP Tickets

Includes Orchestra Seat, Meet & Greet the Artists opportunity (**Limited to the first 30 who sign up!**), Wine & Cheese Reception, Advance Parking and a listing in program.

Reserve ____ VIP tickets at \$200 each.
(I understand the tax-deductible portion is \$103).

Regular Tickets

Includes Orchestra Seat, Wine & Cheese Reception and Advance Parking

Reserve ____ tickets at \$125 each.
(I understand the tax-deductible portion is \$28).

_____ Parking Voucher(s) Requested.

I request to sit with:

If you cannot attend...

- I regret that I cannot attend, but enclosed is a contribution of \$ _____. My contribution is 100% tax deductible.

It's easy to sign up!

Complete this form and send check/credit card information to: **Trinitas Health Foundation**, P.O. Box 259, Elizabeth, NJ 07207-0259 or register by phone (908) 994-8249 or fax (908) 994-8292.

Please make checks payable to:

Trinitas Health Foundation

- Visa MasterCard Discover AMEX

Amount: _____

Card Number: _____

Exp. Date: _____ CVW Code: _____

Signature: _____

Billing Address: _____

Information filed with the Attorney General concerning this charitable solicitation may be obtained from the Attorney General of the State of New Jersey by calling (973) 504-6215. Registration with the Attorney General does not imply endorsement.