



GREAT FUN!
FRIDAY • SEPTEMBER 18th
KIWANIS
Black & White
Ball
Our 20th Ball

Everyone is invited to wear black & white
outfits and join in the black and white
festivities for the evening.

Make checks payable to:
Kiwanis Pediatric Trauma Center (KPTC)
and mail to: Joe Corace
16-66 Bell Blvd #742
Bayside NY 11360

Souvenir Journal

Name

Company

Address

City, State, Zip

Phone

Kiwanis Club

Journal Message

Division

Join us for a
great night of fun!
Leonard's
of Great Neck
Friday Night
September 18th, 2015

- \$65 per person
- Cocktail Hour 7:30 pm
- Open Bar-Dinner to follow

Proceeds to benefit
Kiwanis Pediatric
Trauma Center
at North Shore University Hospital

For more information contact
DPG Joe Corace at 917-282-9498
jcorace@icmdata.com

Journal Prices

Gold Page \$200
Full Page \$150
Half Page \$100
Quarter Page \$80
Business Card \$55
Friends Listing \$45

Signature

www.kiwanispediatrictraumacenter.org
JOURNAL ADS E-MAIL JCORACE@ICMDATA.COM



Kiwaniis Pediatric Trauma Center Twentieth Annual Black & White Ball Friday, September 18, 2015

Everyone is invited to wear black & white outfits and join in the black and white festivities for the evening

First Name Last Name

Company Name / Kiwanis Club of

Address

City State ZIP

Telephone / Cell Phone

Souvenir Journal Ad Reservation

Please place an ad for us in your annual Souvenir Journal in the following size (check box):

☐ Inside Front Cover \$300

White Pages

☐ Full Page \$150

☐ Inside Back Cover \$300

☐ Half Page \$100

☐ Full Gold Page \$200

☐ Quarter Page \$80

☐ Full Silver Page \$175

☐ Business Card \$45

☐ *Please pick-up our Ad from last year and update information accordingly*

☐ *Please use this new message/copy in our Ad this year:*

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.....
.....
.....

☐ *Please email Journal Ad Proof for approval to:*

☐ *Proofready carefully for us and go ahead with printing (no proof necessary)*

1. Total Journal Ad Amount

Black & White Ball Dinner Reservations

Includes: Cocktail Hour 7:30 pm, Dinner to follow, Open Bar



☐ Please reserve _____ seats for us at the Black & White Ball

_____ (Number) x \$65 per person

2. Total Dinner Reservations Amount

Guests names (separate names by commas):

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.....
.....

Method of Payment

☐ I have mailed our check/money order, payable to: **KPTC Foundation** to:
President Joe Corace, 16-66 Bell Boulevard, Bayside NY 11360

☐ Instead, I wish Journal Ad and Dinner(s) to be charged to my credit card listed below

1. Total Journal Ad Amount

2. Total B&W Ball Dinner Reservations Amount

3. Total Amount to be charged to credit card

Card Type: ☐ VISA ☐ Mastercard ☐ American Express

Name on Card:

Card Number:

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Expiration Date:

--	--

 /

--	--

Verification Code Numbers

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Cardholder Signature.....Date.....

Daytime Phone.....Evening / Cell phone.....

Email address:

For additional information contact: KPTC President Joe Corace 917 282-9498