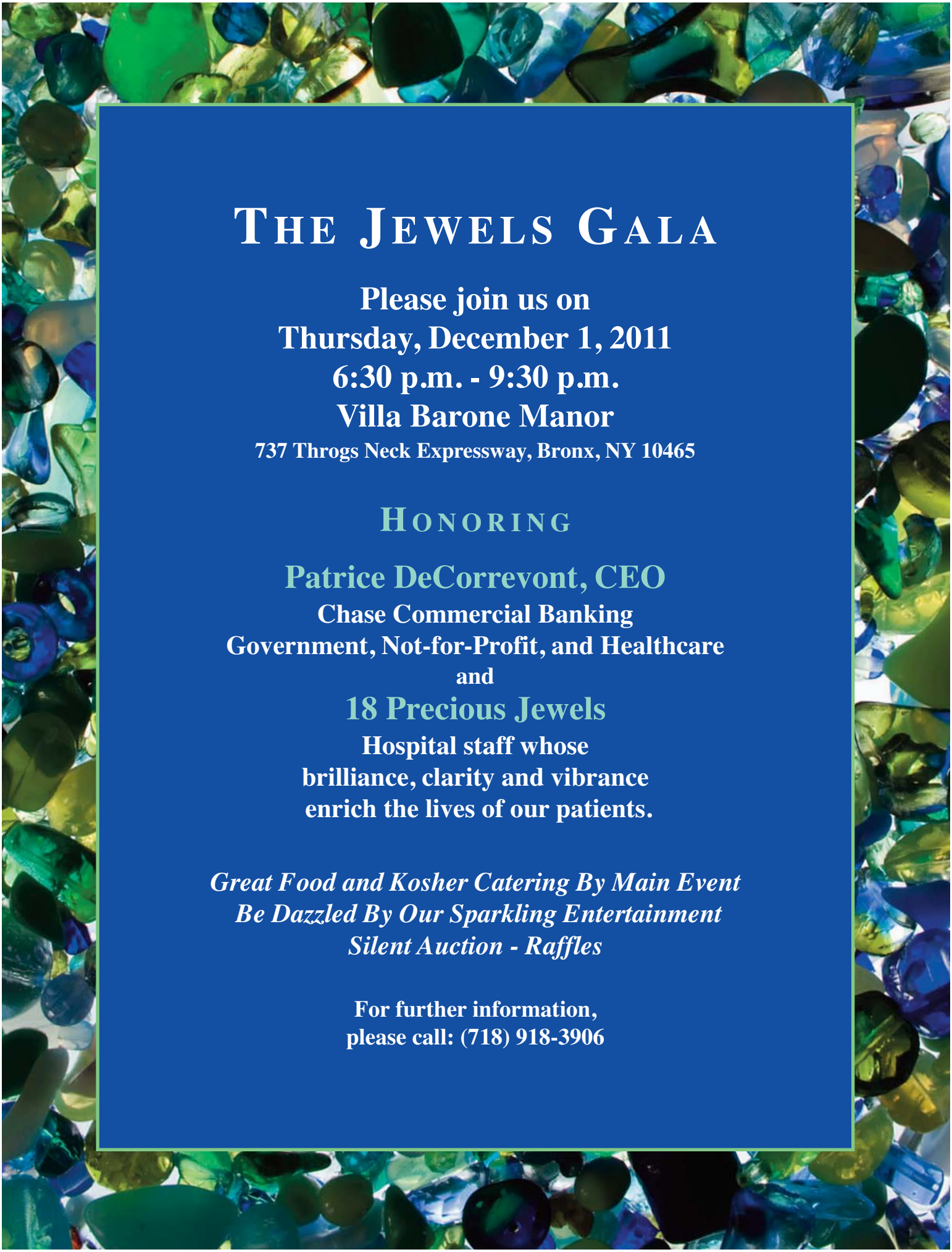
A Gem of a Night

A Benefit for
Jacobi Medical Center and
North Central Bronx Hospital
Sponsored by the Hospitals' Auxiliaries

The Jewels Gala

December 1, 2011



The Jewels Gala

Please join us on
Thursday, December 1, 2011
6:30 p.m. - 9:30 p.m.
Villa Barone Manor
737 Throgs Neck Expressway, Bronx, NY 10465

Honoring

Patrice DeCorrevont, CEO

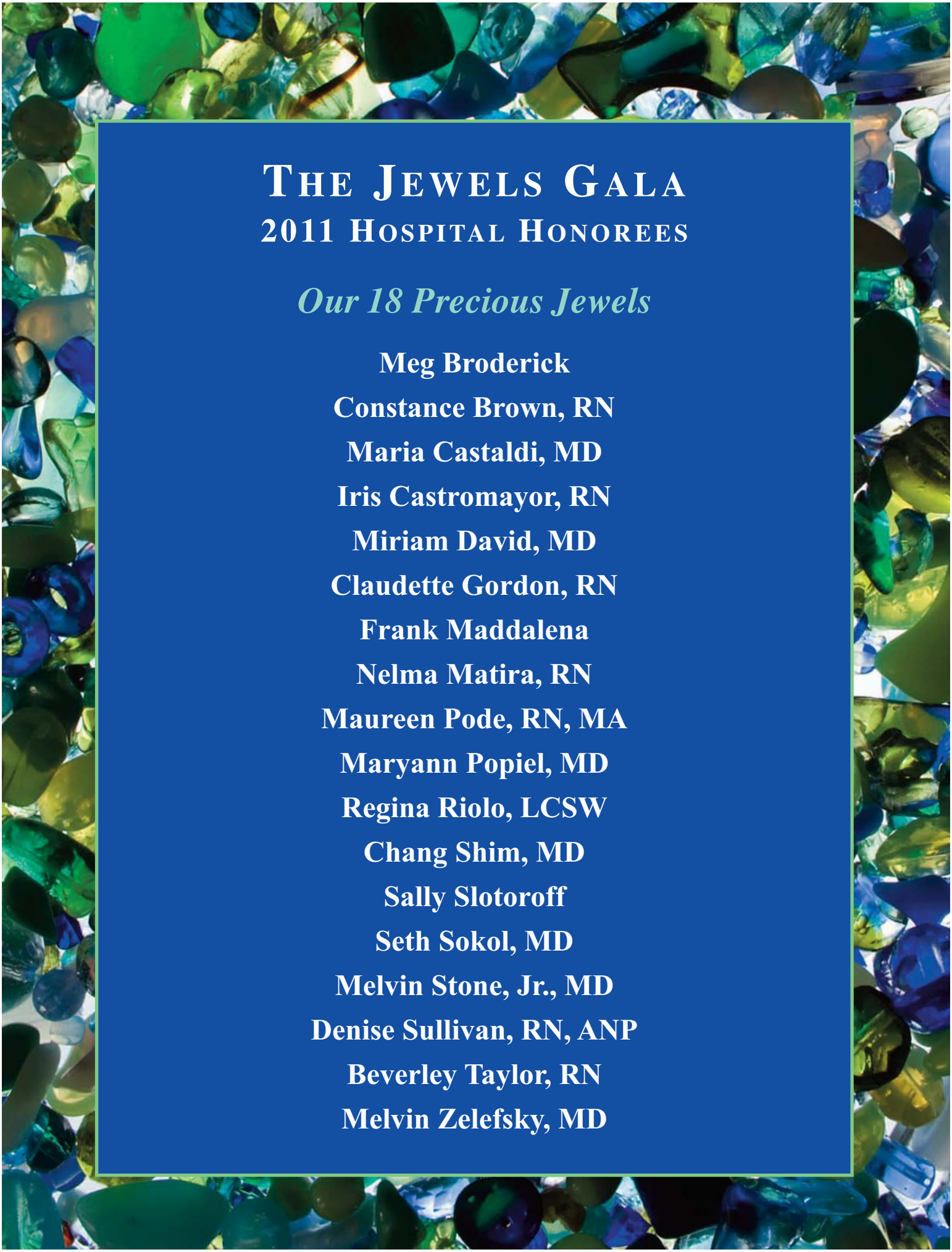
Chase Commercial Banking
Government, Not-for-Profit, and Healthcare
and

18 Precious Jewels

Hospital staff whose
brilliance, clarity and vibrance
enrich the lives of our patients.

Great Food and Kosher Catering By Main Event
Be Dazzled By Our Sparkling Entertainment
Silent Auction - Raffles

For further information,
please call: (718) 918-3906



The Jewels Gala

2011 Hospital Honorees

Our 18 Precious Jewels

Meg Broderick

Constance Brown, RN

Maria Castaldi, MD

Iris Castromayor, RN

Miriam David, MD

Claudette Gordon, RN

Frank Maddalena

Nelma Matira, RN

Maureen Pode, RN, MA

Maryann Popiel, MD

Regina Riolo, LCSW

Chang Shim, MD

Sally Slotoroff

Seth Sokol, MD

Melvin Stone, Jr., MD

Denise Sullivan, RN, ANP

Beverley Taylor, RN

Melvin Zelefsky, MD

The Jewels Gala December 1, 2011 *RSVP*

Journal Ad Packages

- ❑ **The Jewels Ad - Center pages + 20 Tickets - $50,000**

- ❑ **Diamond Ad - Two pages + 12 Tickets - $25,000**

- ❑ **Emerald Ad - Inside front or back cover + 8 Tickets - $10,000**

- ❑ **Ruby Ad - Full page + 4 Tickets - $5,000**

- ❑ **Sapphire Ad - Full page + 2 Tickets - $2,500**

- ❑ **Pearl Ad - Journal Ad only - $1,000**

Please e-mail your ad to: thejewelsgala@gmail.com by November 10.
Please indicate "ad name/level" and include
contact information (name, phone number, company/organization).
Page size: 8.5" x 11" - PDFs preferred. For ad assistance, please call: (718) 918-3379.

Individual Tickets

Tickets sales separate from those connected to Journal Ad Packages.

❑ **Please reserve _____ individual tickets at $350 per ticket, totaling $ _____**

Kosher Meals - # of Kosher Meals Requested _____

❑ **I am unable to attend. Enclosed is my contribution of $ _____**

Name _____

Company _____

Address _____

City, State, Zip Code _____

Phone _____

E-mail _____

Payment Enclosed: $ _____
Please make checks payable to: JMC Auxiliary, Inc.
or
Charge my credit card: $ _____ ❑ MasterCard ❑ Visa ❑ Amex

Account Name _____

Card No. _____

Verification No. _____ **Expiration Date** _____

Signature _____

The Auxiliaries of Jacobi Medical Center and North Central Bronx Hospital are 501(c) 3 tax-exempt organizations.
Your gift is tax deductible to the fullest extent of the law. $125 is the non-deductible portion of each ticket.

Mail: JMC Auxiliary, Inc. - 1400 Pelham Parkway South, Building 4, 7N5, Bronx, NY 10461
Tel: (718) 918-3827 Fax: (718) 918-7212 Email: jmcauxiliary@nbhn.net

Thank you for your support!