

I AM PLEASED TO ATTEND the 13th Annual Cultural Diversity Endowment Fund Reception in memory of Sister Joan Cassidy and Michael Cuseo on Thursday, June 11, 2009 from 6:30 - 9:30 p.m. at Leonard's of Great Neck, New York.

PLATINUM BENEFACTOR at \$5000 each
10 tickets to reception. Platinum listing in sponsor program

PLATINUM Tickets at \$500 each

GOLD BENEFACTOR at \$2500 each
10 tickets to reception. Gold listing in sponsor program

GOLD Tickets at \$250 each

SILVER BENEFACTOR at \$1250 each
10 tickets to reception. Silver listing in sponsor program

SILVER Tickets at \$125 each

FRIENDS OF SISTER JOAN CASSIDY AND MICHAEL CUSEO at \$ 100 each

I AM UNABLE TO ATTEND but will make a tax-deductible contribution to support the Sister Joan Cassidy and Michael Cuseo Cultural Diversity Endowment Fund

ENCLOSED IS MY CHECK FOR \$ _____

Name: _____

Title: _____ Company: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone : _____

For more information, contact Anthony Restaino of the New York Chapter American College of Health Care Administrators at (718) 474-6400. Make checks payable and mail to the New York Chapter of the American College of Health Care Administrators, c/o Larry I. Slatky, A. Holly Patterson Extended Care Facility, 875 Jerusalem Avenue, Uniondale, New York 11553.

The estimated value of the evening is \$25.00 per person. The balance of the ticket price is a contribution, which is deductible to the extent allowed by law. **Glatt Kosher meals will be provided.**

New York Chapter
American College of Health Care Administrators
c/o Larry I. Slatky
A. Holly Patterson Extended Care Facility
875 Jerusalem Avenue
Uniondale, New York 11553

Sister Joan Cassidy and Michael Cuseo Cultural
Diversity Endowment Fund

List of Attending Guests

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____