GEORGE R. GILMORE, ESQ.

EVENT CHAIR

JOHN R. SETTE

EVENT CHAIR

ALONG WITH THE HOST COMMITTEE

*COMMITTEE IN FORMATION

INVITE YOU TO A RECEPTION IN SUPPORT OF

DAYTOP VILLAGE OF NEW JERSEY'S OCEAN COUNTY FACILITY

WITH

SPECIAL GUESTS

LT. GOVERNOR KIM GUADAGNO

AND



CONGRESSMAN TOM MACARTHUR

Date & Time:	Monday, April 25, 2016 6:00 p.m. – 8:00 p.m.			
LOCATION:	Eagle Ridge Golf Club 2 Augusta Boulevard Lakewood, New Jersey 08701			
MISSION:	The Mission of Daytop Village of New Jersey, Inc. is to provide highly effective and accessible Behavioral Health Services, restoring hope and improving the quality of life for persons served, their families and our communities.			
ATTIRE:	Business Casual			
Reservations:	Host Committee: \$2,500 per person* Individual Reservation: \$250 per person			
	s the work and initiati	all roundtable with Daytop Village of New Jersey's leadership team ves of the Ocean County facility. Host Committee will also receive ognition on event materials.		
INFORMATION:	Nicole Davidman Drewniak at (908) 447-0358 nicole@nicoledavidman.com			
PLEASE MAKE CHECK PAYABLE AND MAIL TO:		Daytop Village of New Jersey Attn: Ocean County Reception P.O. Box 310 Mendham, New Jersey 07945		

Daytop Village of New Jersey, Inc. a 501 (c) (3) tax-exempt not-for-profit organization, is incorporated and maintains its place of business in the State of New Jersey. This note is not printed at taxpayer expense.

THANK YOU FOR SUPPORTING DAYTOP NEW JERSEY!



	• Yes, I will join yo	. JOIN YOU FOR COCKTAILS ON MONDAY, APRIL 25TH. ENCLOSED IS MY CONTRIBUTION OF					
		AITTEE: \$AT \$2,500 PER ECEPTION: \$ AT \$250 PE					
	• No, I am unable t	NO, I AM UNABLE TO ATTEND, BUT AM ENCLOSING MY CONTRIBUTION OF \$					
NA	ME(S) OF ATTENDEES: _						
Co	NTRIBUTION INFORMA	TION:					
	contributor reply form to <u>NJ 07945</u> .	HECK: Please make checks payable to <u>Daytop Village of New Jersey</u> and mail it along with this completed ntributor reply form to <u>Daytop Village of New Jersey, Attn: Ocean County Reception, P.O. Box 310, Mendham,</u> 07945. REDIT CARD: Please complete the following and email to nicole@nicoledavidman.com or fax to (908) 552-2280					
		Title:					
	Company:						
	City:	State:		Zip:			
	Phone:	Email:					
	American Express:	MasterCard:	VISA:	Discover:			
	Amount: \$	Credit Card Number:					
	Name on Card: (Print)						
	Expiration Date:	/ CVC Code:					
Signature:							
	Billing Address:						
		State:					

For any questions or to RSVP, please contact Nicole Davidman Drewniak at (908) 447-0358 or nicole@nicoledavidman.com

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