Women's Auxiliary of Mozaic Senior Life

Fall Gala

THURSDAY, OCTOBER 22, 2026

Name _____

Address _____

City/State/Zip _____

Telephone: Home/Cell _____

Email _____

My gift will be made by:

☐ Enclosed check *(payable to the Women's Auxiliary)* ☐ Donor Advised Fund ☐ Stock Transfer

☐ Please charge my credit card $ _____ ☐ Master Card ☐ Visa ☐ American Express

☐ I would like to increase my donation by 2% to cover the cost of credit card processing fees.

Account # _____

Exp. Date _____ Sec. Code _____ Signature _____

☐ My gift will be matched by my employer's matching gift program.

☐ I am interested in learning more about Mozaic Senior Life's Legacy Giving.

Your gift in excess of the $200 per person dinner value is deductible as a charitable contribution to The Women's Auxiliary.

QUESTIONS? CONTACT BETH TEPPER AT 203-396-1000 OR BTEPPER@MOZAICSL.ORG

THE WOMEN'S AUXILIARY OF THE JEWISH HOME FOR THE ELDERLY IS A 501(C)(3) NON PROFIT ORGANIZATION. EIN 06-1055236

PLEASE RETURN BY FRIDAY, OCTOBER 2, 2026

Fall Gala

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COMMEMORATIVE JOURNAL AD WITH RESERVATIONS

☐ BUILDER	$25,000	Includes 12 Reservations and Back Cover Ad
☐ BENEFACTOR	$10,000	Includes 8 Reservations and Inside Back Cover Ad
☐ PATRON	$ 5,000	Includes 6 Reservations and Full Page Ad
☐ PILLAR	$ 2,500	Includes 4 Reservations and Full Page Ad
☐ GUARDIAN	$ 1,500	Includes 2 Reservations and Full Page Ad

COMMEMORATIVE JOURNAL AD ONLY

☐ SUPPORTER	$ 1,200	Full Page Ad Only
☐ DONOR	$ 600	Half Page Ad
☐ FRIEND	$ 300	Quarter Page Ad
☐ BUSINESS CARD	$ 200	Business Card Ad
☐ LISTING	$ 136	Name Only

All ads will be recognized by category in the next issue of Mozaic Senior Life's newsletter, *Chai Lights*. Check here ☐ if you do not want to be included in the newsletter listing.

Please provide copy for your journal ad below:

_____

_____

_____

Or email camera-ready art as a 300-DPI COLOR PDF or JPG to sfreed@mozaicsl.org by Friday, October 2. Ad sizes are as follows: Full Page: 7" W x 7.75" H, Half Page: 7" W x 3.5" H, Quarter Page: 3.375" W x 3.5" H

GALA RESERVATIONS ONLY

☐ RESERVATION.....$ 325 Per Person

Please seat me/us with (tables of 8-12) _____

_____

_____

☐ KOSHER MEAL PREFERRED

☐ I/we are unable to attend but wish to make a donation of $_____
in honor of ☐ Renée & Ron Noren ☐ Eric Hendlin
or: _____

To register online, please visit:
www.mozaicsl.org/donations/womens-auxiliary-donations/fall-gala/
or scan the QR code.

Please complete payment information on the back panel. ⇢