

**MICHAEL GERARD
PUHARIC MEMORIAL
FUND, INC.**

BOARD OF DIRECTORS

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ATTORNEY

Robert F. Schillberg, Jr, Esq.

SECRETARY

Jennifer Caputo



NATHANIEL BELGER

Born at 25 weeks gestation
15 weeks too soon
1LB 11.3ozs



michael'sfeat
helping seriously ill newborns

Dear Friends,

We are pleased to announce that plans are under way for *Michael's Feat Annual Wine & Chef's Tasting event*.

My name is Dana Puharic. My husband Adam and I know how precious life can be. Our son, Michael Gerard Puharic, was born on July 29, 2000 with a severe chromosome disorder. Although he was only with us for four days, Michael's will to live and the love and caring he brought out in people remains an amazing accomplishment.

In our precious son's memory, *Michael's Feat* was created. For the last sixteen years this 501(c)3 non-profit organization has supported, given comfort to and eased the burden for parents caring for seriously ill newborns in Monmouth and Ocean County, NJ. By working with liaisons at Monmouth Medical Center, Jersey Shore University Medical Center and the Children's Hospital of Philadelphia (C.H.O.P.), *Michael's Feat* connects families caring for ill infants with the services or items they need in their time of duress.

**PLEASE JOIN US AT
The Spring Lake Manor, Spring Lake, NJ
Tuesday, October 16, 2018
6:00pm - 9:00pm**

This exclusive Wine & Chef's Tasting event gives attendees an opportunity to taste a variety of wines from around the globe, sample tastings from some of the Jersey Shore's best chefs, restaurants and caterers, socialize with friends, enjoy live music and have the chance to win prizes.

We ask for your support of this event as participating **Food and Beverage Sponsor, Event Sponsor, Event Poster Advertiser, Gift Auction Donor or as a Guest**. Enclosed is a description of sponsor and promotional opportunities for your business.

Respectfully,

Dana Puharic

Dana Puharic, Founder
Committee Co-Chair
dana@michaelsfeat.org
732.239.7887

Rebecca Rummel

Rebecca Rummel, APN
Committee Co-Chair
rsvp@michaelsfeat.org
732.239.7887

Kaitlyn Reiff

Kaitlyn Reiff, APN
Committee Co-Chair
rsvp@michaelsfeat.org
732.239.7887

The Michael Gerard Puharic Memorial Fund, Inc. is a registered 501c-3 charitable organization.



michael'sfeat
helping seriously ill newborns

2018 ANNUAL WINE & CHEF'S TASTING EVENT

Tuesday, October 16, 2018 • 6:00PM - 9:00PM
The Spring Lake Manor, Spring Lake, NJ

FOOD AND BEVERAGE SPONSOR AGREEMENT

Deadline — September 17, 2018

Please Print Sponsor Name / Organization

looks forward to being a sponsor
at the *Michael's Feat* ANNUAL
WINE & CHEF'S TASTING EVENT

- SPONSORSHIP TYPE** Food Sponsor Wine Sponsor Beer Sponsor
(please check) Spirits Sponsor Beverage Sponsor Dessert Sponsor

Michael's Feat will provide the following sponsor benefits:

- Company will be marketed as an official Participating Sponsor in Social Media.
- Tasting station for your food/beverage to include one (1) 6' table with linens.
- Opportunity for you to provide samplings of your food, dessert, wine, beer or spirits and to distribute promotional material.

As a sponsor I agree to:

- Donate and prepare a tasting portion of food/beverage for 250 guests.
- Provide staff and necessary equipment, disposable tableware (plates, plasticware, napkins), for your tasting station.
- Completely set up by 5:30PM.
- Display event flyers at your business from 9/17-10/17/2018 (if applicable).

We are asking each participating sponsor if they would donate a gift basket or gift certificate (*value at your discretion*) to be used for the Gift Auction. We are very thankful to have this opportunity to work with your company. To show our appreciation, you will receive **TWO FREE ADMISSION** for your guests to attend the Event. Your participation will ensure that the *Annual Wine & Chef's Tasting* will be a huge success again this year.

As a participating Food and Beverage Sponsor, I understand what is being asked and will abide by the allowances and restrictions stated in the above information.

Name/Organization _____
(please print exactly as you wish it to appear in ALL listings)

Contact Person _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

Website (if applicable) _____

Signature _____

Please return this form by September 17, 2018 to:
THE MICHAEL GERARD PUHARIC MEMORIAL FUND
P.O. Box 787, Matawan, New Jersey 07747



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The Spring Lake Manor, Spring Lake, NJ

GIFT AUCTION DONATION

PLEASE FILL OUT COMPLETELY (TYPE OR PRINT NEATLY)

Name/Organization _____
(please print exactly as you wish it to appear in ALL listings)

Contact Person _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

Website (if applicable) _____

Description of Gift Auction Item _____

Approximate Donation \$ _____

Signature _____ Date _____

Please supply us with your business cards to be displayed next to your donation on the gift table.

Please return this form by October 1, 2018 to:
THE MICHAEL GERARD PUHARIC MEMORIAL FUND
P.O. Box 787, Matawan, New Jersey 07747

www.michaelsfeat.org



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SPONSORSHIP OPPORTUNITIES

Deadline — October 1, 2018

CHAMPAGNE SPONSOR \$3,000.

Special Signage at event; 10 complimentary tickets to the Event; Recognition on Website and Facebook; Opportunity to display marketing material at event; Special Sponsor recognition at the event; Speaking opportunity at the event

CABERNET SPONSOR \$1,000.

Special Signage at event; 6 complimentary tickets to the Event; Recognition on Website and Facebook; Special Sponsor recognition at the event

CHARDONNAY SPONSOR \$500.

Special Signage at event; 4 complimentary tickets to the Event; Recognition on Website and Facebook

FRIENDS OF MICHAEL'S FEAT PATRON \$50. and over

~ Special Signage at event

Attached is my camera-ready art/business card/text message. Email your high resolution (300dpi) PDF or JPEG file to rsvp@michaelsfeat.org.

Name/Organization _____
(please print exactly as you wish it to appear in ALL listings)

Contact Person _____

Address _____ City _____ State _____ Zip _____

Phone _____ Email _____ Website (if applicable) _____

I agree to purchase Sponsorship at the above marked level.

Signature _____ Date _____

METHOD OF PAYMENT

- Enclosed is my check for \$ _____ payable to: The Michael Gerard Puharic Memorial Fund.
- I will be charging this sponsorship to my Credit Card: Visa, MC, AMEX, and DISC online at www.michaelsfeat.org.
- Yes, I work for a matching gift company. I will submit for the company's match.

Please return this form and payment information by October 1, 2018 to:

THE MICHAEL GERARD PUHARIC MEMORIAL FUND • P.O. Box 787, Matawan, New Jersey 07747

www.michaelsfeat.org