



PLEASE JOIN **EAC NETWORK** FOR NETWORKING, LIVE MUSIC,
FOOD, WINE, AND PRIZES AT THE

7TH ANNUAL
COHALAN CARES FOR KIDS

HONORING
SARAH JANE LACOVA
EXECUTIVE DIRECTOR, SUFFOLK COUNTY BAR ASSOCIATION

BENEFITING
EAC NETWORK'S SUFFOLK COUNTY CHILDREN'S CENTER AT COHALAN COURT
A CHILD CARE CENTER THAT ENABLES KIDS TO PLAY AND LEARN WHILE PARENTS
ATTEND TO THEIR COURT BUSINESS

MARCH 8, 2018 - 6-8PM
SUFFOLK COUNTY BAR ASSOCIATION
560 WHEELER ROAD, HAUPPAGUE

~ CHILDREN'S BOARD AND PICTURE BOOK DONATIONS ARE GREATLY APPRECIATED ~



RECOGNIZING

ORIGINAL FIRESIDE CATERERS
FOOD & BEVERAGES
**GERARD DONNELLY, TOM
LAVALLEE, VICTOR CAMPOS,
AND IRA WEISSMAN**
EVENT MUSICIANS

GEORGE ROACH
EVENT EMCEE/AUCTIONEER
BARRY SMOLOWITZ
EVENT PHOTOGRAPHER

SPECIAL THANKS

HOMETOWN BAKE SHOP
DESSERT
THE LITTLE FLOWER SHOP
CENTERPIECES

7TH ANNUAL
**COHALAN CARES FOR KIDS
REGISTRATION FORM**

REGISTER ONLINE!
WWW.EAC-NETWORK.ORG/COHALANCARES2018

~~ SPONSORSHIPS ~~

(ALL SPONSORS ARE RECOGNIZED ON THE EVENT WEBPAGE, IN THE EVENT PROGRAM
AND POWERPOINT, AND ON SOCIAL MEDIA)

- _____ **\$1,500 PETER RABBIT** (12 TICKETS; BANNER DISPLAYED AT EVENT)
_____ **\$1,250 SQUIRREL NUTKIN** (10 TICKETS; BANNER DISPLAYED AT EVENT)
_____ **\$1,000 BENJAMIN BUNNY** (8 TICKETS; BANNER DISPLAYED AT EVENT)
_____ **\$750 JOHNNY TOWN-MOUSE** (6 TICKETS)
_____ **\$500 JEMIMA PUDDLE DUCK** (4 TICKETS)
_____ **\$250 TIMMY TIPTOES** (3 TICKETS)
_____ **\$150 MISS MOPPET** (2 TICKETS)

~~ TICKETS ~~

- _____ **\$40 1 LAW STUDENT**
_____ **\$60 1 REGULAR**
_____ **\$100 2 REGULAR**

~~ OTHER ~~

- _____ **I CANNOT ATTEND, BUT WOULD LIKE TO HELP THE CHILDREN WITH
A 100% TAX DEDUCTIBLE DONATION OF \$ _____.**
_____ **I WOULD LIKE TO DONATE AN ITEM TO BE USED AS AN AUCTION OR
CHANCE PRIZE. PLEASE CONTACT ME.**

NAME _____
COMPANY _____
EXACTLY HOW TO LIST YOU _____
ADDRESS, CITY, ST, ZIP _____
PHONE _____ EMAIL _____
REFERRED BY _____
GUEST NAMES _____

TOTAL \$ _____
_____ CHECK PAYABLE TO **EAC NETWORK** _____ PLEASE CHARGE CARD BELOW
CARD NUMBER _____ SIGNATURE _____
CSC _____ EXP _____ BILLING ZIP _____

**PLEASE MAIL FORM FULLY COMPLETED WITH DONATION/CARD AUTHORIZATION TO:
EAC NETWORK, ATTN: DEVELOPMENT
50 CLINTON STREET, SUITE 107, HEMPSTEAD, NY 11550**

QUESTIONS? WANT TO REGISTER BY PHONE? CONTACT (516) 539-0150 x123
OR EVENTS@EAC-NETWORK.ORG.