



**Wrap 4 A Smile Foundation, Inc.**

**Requests  
The Pleasure of Your Company  
At Our Fourth Annual Fundraiser to**

**FIGHT POVERTY**

**and**

**STOP HUNGER**

**Sunday, May 17, 2009**

**11:00 AM – 3:00 PM**

**Brunch**

**at**

**The Graycliff**

122 Moonachie Ave., Moonachie, NJ 07094  
201- 939 - 9233

**\$ 45.00 per person**

**\$ 20.00 for children 12 and under**

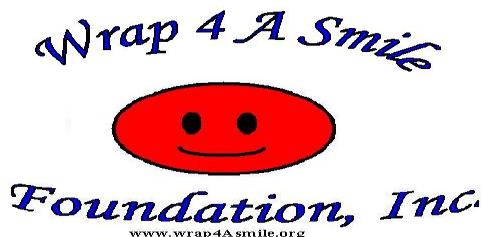
**RSVP by May 11      Call: 201- 865- 6164 or 201- 320 - 8491**

**Buffet    Cash Bar    Entertainment    Silent Auction**



**United Way of Hudson County  
Is a Proud Sponsor of this Fourth Annual Fundraiser**

*Wrap 4 A Smile Foundation, Inc. is a 501(c) (3) tax exempt organization  
Your contribution is tax- deductible to the extent of the law.*



April 2009

By placing a tax-deductible ad in Wrap 4 A Smile Foundation, Inc. journal, you will be helping our non-profit organization to continue the work we do within the community.

We thank you in advance for your collaboration in the success of our future programs to help **FIGHT POVERTY & STOP HUNGER.**

Sincerely,  
The Board of Directors, Trustees and Advisors

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### ORDER FORM

**1. Please select the Program Ad below - Sponsorship Acknowledgement:**

- Bronze - \$ 500.00                       Silver - \$ 1,000.00  
 Gold - \$ 1,500.00                       Platinum - \$2,000.00

**Place sponsorship name in 1 line - up to 30 spaces:**

\_\_\_\_\_

**2. Please select the Program Ad size and send graphics or names to be included either in a soft or hard copy. Please send via email attachment to: wrap4asmile@aol.com or fax to 201-867-7525.**

**Please select the ad size you are purchasing:**

- Patron \$ 25.00 Place name in 1 line – up to 15 spaces: \_\_\_\_\_  
 1/8 Page or Business Card \$ 50.00     1/4 Page    \$ 100.00  
 1/2 Page                      \$ 150.00                       Full Page    \$ 250.00

**3. Please reserve \_\_\_\_\_ ticket(s) @ \$ 45.00 per person  
\_\_\_\_\_ ticket(s) @ \$ 20.00 for children under 12**

**Total \$ \_\_\_\_\_**

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**Name \_\_\_\_\_ Telephone: \_\_\_\_\_ Email: \_\_\_\_\_**

**Address: \_\_\_\_\_**

**Amount Submitted \$ \_\_\_\_\_ Cash \_\_\_\_\_ Check # \_\_\_\_\_ Credit Card (VM/MC/AX/DC)**

**Card # \_\_\_\_\_ Exp. \_\_\_\_\_ SVC# \_\_\_\_\_**

**Please make check payable to: Wrap 4 A Smile Foundation, Inc.  
Mailing address: 773 Eighth Street, Secaucus, NJ 07094**

**Website: [www.wrap4asmile.org](http://www.wrap4asmile.org) Email: [wrap4asmile@aol.com](mailto:wrap4asmile@aol.com) Tel 201-223-4405**  
*Wrap 4 A Smile Foundation, Inc. is a 501 (c) (3) tax exempt organization  
Your contribution is tax- deductible to the extent of the law.*