



13th Annual Generations Gala  
Honoring

**Dr. Tim Fox PT, DPT, GCS-EMERITUS, CCI**  
**Founder and Advisor to the Practice**  
**Co-Chair Board of Directors FOX Rehabilitation**

Tuesday, November 12, 2024

6:00 PM Cocktail Hour

7:00 PM Dinner and Award Presentation

The Palace at Somerset Park

**Sponsorship, Journal, and Tickets**

**Sponsorship Opportunities**

- Visionary Patron** **\$15,000**  
Three Reserved Tables of 10  
Inside Front Cover of Ad Journal  
Special Recognition in all event publicity and program
- Legacy Guardian** **\$12,500**  
Two Reserved Tables of 10  
Inside Facing Front Cover of Ad Journal  
Special Recognition in all event publicity and program
- Innovation Supporter** **\$10,000**  
Two Reserved Tables of 10  
Inside Back Cover of Ad Journal  
Special Recognition in all event publicity and program
- Cocktail Reception Sponsors** **\$7,500**  
Reserved Table of 10  
Tribute Page in Commemorative Ad Journal  
Special Recognition in all event publicity and program
- Entertainment Sponsor** **\$5,000**  
Reserved Table of 10  
Tribute Page in Commemorative Ad Journal  
Special Recognition in all event publicity and program
- Vice Chair** **\$3,500**  
Reserved Table of 10  
Full Page in Commemorative Ad Journal  
Special Recognition in all event publicity and program

**Ad Journal Opportunities**

(Journal Ad space must be received no later than November 1st)

- Priority Page** **\$1,500**
- Full Page** **\$1,000**
- Half Page** **\$500**

Please submit full color, hi-res ad artwork and logo by

**November 1st** to

[KSampson@adultdaycenter.org](mailto:KSampson@adultdaycenter.org)

Full Page Dimensions - 4¾ x 7¾

Half Page Dimensions - 4¾ x 3¾

(JPEG or PDF at 300 DPI)

**Tickets**

QTY

- Single** **\$250** \_\_\_\_\_
- Duo** **\$450** \_\_\_\_\_

**Phone Number:**

(cannot process without phone number)

**Email Address**

Enclosed is my check in the amount of \_\_\_\_\_

**Guest or Advertiser Name:** \_\_\_\_\_

(If more than one name, please email every name associated with purchase)

Please call for my credit card information \_\_\_\_\_

**Company Name:** \_\_\_\_\_

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

**For more information, contact Kyanna Sampson, Director of Development by phone (908) 725-0068 or email [KSampson@adultdaycenter.org](mailto:KSampson@adultdaycenter.org).**

**Please make checks payable to:**

**Adult Day Center of Somerset County, 872 East Main Street, Bridgewater, NJ 08807**