

Save A Heart Foundation in association with the California Chapter of the American College of Cardiology and the Israel Heart Society together support Israeli research fellowships. Save A Heart Foundation relies solely on private donations.



California  
CHAPTER



# RSVP TO ANNUAL GALA HONORING DR. BRIJ BHAMBI

## SATURDAY, APRIL 9, 2022 - 6PM

RSVP BY MARCH 31, 2022 | TRIBUTE JOURNAL AD DEADLINE MARCH 21, 2022

Please submit artwork to: [sahf@saveaheart.org](mailto:sahf@saveaheart.org)

Ad Size and Specifications: Full Page: 5.5"x 7" (WxH); Half Page: 5.5"x 3" (WxH); Quarter Page: 2.5"x 3" (WxH). Submit high resolution (300dpi) PDF file preferred. Text only ads may be submitted in word. To include a photo or logo with your ad, please supply the image as 300dpi TIF or JPEG file.

**Tribute Ads: In addition to hard copy books, ads will run continuously on screens at the gala**

<input type="checkbox"/> <b>BIG HEART SPONSOR PACKAGE - A</b> \$50,000 - \$100,000	<input type="checkbox"/> <b>VIP FULL PAGE PACKAGE - E</b> \$5,000
Full page Tribute Ad on red metallic paper. Reserved VIP seating for two tables of ten.	Full page Tribute Ad on white paper. Reserved VIP seating for one table of ten.
<input type="checkbox"/> <b>VIP PLATINUM SPONSOR PACKAGE - B</b> \$25,000	<input type="checkbox"/> <b>FULL PAGE PACKAGE - F</b> \$1,500
Full page Tribute Ad on platinum foil paper. Reserved VIP seating for two tables of ten.	Full page Tribute Ad on white paper. Seating for two.
<input type="checkbox"/> <b>VIP GOLD PACKAGE - C</b> \$10,000	<input type="checkbox"/> <b>HALF PAGE PACKAGE - G</b> \$750
Full page Tribute Ad on gold foil paper. Reserved VIP seating for one table of ten.	Half-page Tribute Ad on white paper. Seating for one.
<input type="checkbox"/> <b>VIP SILVER PACKAGE - D</b> \$7,500	<input type="checkbox"/> <b>QUARTER PAGE AD</b> \$350
Full page Tribute Ad on silver foil paper. Reserved VIP seating for one table of ten.	Quarter-page Tribute Ad on white paper.
	<input type="checkbox"/> <b>SEATING PER PERSON</b> \$500

**Advanced reservations are required: Tickets will not be sold at the door. COVID-19 regulations apply.**  
Proof of vaccination or negative PCR per prevailing CDC guidelines of the time.

**RSVP at SAHF Website:** [www.saveaheart.org/events](http://www.saveaheart.org/events)

**Or e-mail completed RSVP** below and Tribute Journal Ad along with attached PAYMENT INFORMATION to: [sahf@saveaheart.org](mailto:sahf@saveaheart.org)

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

**Street:** \_\_\_\_\_ **City:** \_\_\_\_\_

**State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**E-mail Address:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_

Total expected attendees \_\_\_\_\_. Please e-mail [sahf@saveaheart.org](mailto:sahf@saveaheart.org) by March 21, 2022 the names of your guests and their choice of dinner.

Dinner choice(s): \_\_\_ Chicken \_\_\_ Fish \_\_\_ Vegetarian \_\_\_ Glatt Kosher

I would like to be seated with:

\_\_\_\_\_ SAHF will try to accommodate your seating request. We appreciate your understanding in this regard.

I / We regret not being able to attend the event but would like to make a contribution to SAHF in support of research fellowships in the amount of \$ \_\_\_\_\_

# PAYMENT INFORMATION

## FOR RSVP VIA E-MAIL OR BY MAILING A CHECK



SAVE A HEART  
FOUNDATION

### ANNUAL GALA HONORING DR. BRIJ BHAMBI

### SATURDAY, APRIL 9, 2022 - 6PM

Name: \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

#### PLEASE SELECT:

- PACKAGE \_\_\_\_\_ \$ \_\_\_\_\_
- Total expected attendees \_\_\_\_\_. Please e-mail [sahf@saveaheart.org](mailto:sahf@saveaheart.org) by March 21, 2022 the names of your guests and their choice of dinner.
- SEAT(S) # \_\_\_\_\_ X \$500 \$ \_\_\_\_\_
- QUARTER PAGE AD \$350
- I / We regret not being able to attend the event but would like to make a contribution to SAHF in support of research fellowships in the amount of \$ \_\_\_\_\_

#### PAYMENT BY EITHER:

- CREDIT CARD:** Charge \$ \_\_\_\_\_  
to my  MasterCard  Visa  AMEX

Name on Credit Card: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Security code: \_\_\_\_\_ Zip code: \_\_\_\_\_

- CHECK:** I am enclosing a check in the amount of \$ \_\_\_\_\_ payable to Save a Heart Foundation.  
Check shall be mailed to: Save A Heart Foundation, 149 S Barrington Ave., #610, Los Angeles, CA 90049

Charitable contributions, less cost of goods and services, are tax deductible. Save A Heart Foundation Tax ID #95-3475198  
For more information contact SAHF at (310) 854-0142, Sandra at (310) 560-1245 or [sahf@saveaheart.org](mailto:sahf@saveaheart.org)