



Newark Community Health Centers, Inc.



WHO WE ARE: Newark Community Health Centers, Inc. (NCHC) has been standing strong in the Greater Newark, Essex County community for 31 years. We continue to grow and have redefined our strategic plan to increase community access to quality health care, reduce health care disparities and improve our financial position. NCHC has been awarded level three NCQA Patient Centered Medical Home 2011 recognition and is one of the largest providers of comprehensive primary care services for the uninsured and medically underserved populations in New Jersey’s most densely populated cities.

WHAT WE DO: NCHC provides obstetrical and gynecological care, pediatric and adolescent medicine services, internal medicine, geriatric care, dental care, a comprehensive HIV/Aids program, substance abuse evaluation and referrals, mental health counseling, podiatry, optometry and nutritional counseling. We take pride in our accomplishments and we are very excited about our second federally funded renovation. We are committed and dedicated to providing quality health care to our patients during this difficult financial era. NCHC’s goal is to meet the health care needs of the communities in which we serve and help people live stronger, healthier and happier lives. In 2016, we served 44,087 patients through 164,384 encounters.

- * NCHC has modernized its facility at 741 Broadway in Newark, New Jersey. The 2-story, 30,000 square foot facility went from 8 medical exam rooms to 24 and from 2 dental stations to 6. The larger facility can now accommodate more than 65,000 annual visits. Additionally, NCHC opened a new facility in April 2017; a \$2.0M Ironbound Medical Center located at 92-96 Ferry St in Newark, New Jersey.



NCHC IS ASKING FOR YOUR SUPPORT IN ONE OR MORE OF THE FOLLOWING:

- 1) Event Sponsor of the October 19, 2017 Annual Gala at \$75,000.
- 2) Event Co-Sponsor of the October 19, 2017 Annual Gala at \$50,000.
- 3) Donation of \$1M over 5 years for one of the four specialty wings.

Department will be named in your honor:

- (a) Adult Medicine
- (b) Pediatrics
- (c) Obstetrics and Gynecology
- (d) Dentistry

- 4) Other donations and support.

Thank you for your dedication to the community as we partner to increase access to care and expand patient services.

BOARD OF DIRECTORS

Dr. Omar Bey Board Chair	Dr. Denise Fyffe Board Vice Chair	Mr. Obed Prinvil Treasurer	Michael L. Moore, Esq. Secretary	Ms. Temi Boyo Board Member
Mr. Sherlin Simon Board Member	Ms. Yolonda Easterling Board Member	Ms. Florence Ericson Board Member	Ms. Priscilla Princewill Board Member	Dr. James N. Clark Emeritus Board Member

We Care. Your Health Comes First With Us.

Corporate Office: 741 Broadway, Newark, New Jersey 07104 Phone: 800.994.NCHC (6242) Fax: 973.483.3787
www.nchcfqhc.org

Dr. Diane R. Brown
Emeritus Board Member



RSVP
By October 3, 2017

Name: _____ Company: _____

Address: _____

City: _____ State: _____ Zip: _____

Preferred Contact #: (_____) _____

E-mail Address: _____

_____ I will be attending. I am enclosing my contribution.

_____ I cannot attend but I would like to support NCHC's efforts and make a contribution.

Contribution Amount: \$ _____

Method of Payment: Cash _____ / Check # _____ / Credit Card _____

Credit Card: [NCHC Paypal](#) *click here to pay via credit card/debit card or PayPal

SPONSORSHIPS: All sponsorships will be listed in event program and ad journal

- Event Sponsor.....Banner & 4 tables.....\$75,000**
- Event Co-Sponsor.....Banner & 2 tables.....\$50,000**
- Platinum SponsorPlatinum Page & 10 tickets.....\$25,000
- Gold Sponsor.....Gold Page & 10 tickets\$15,000
- Silver SponsorSilver Page & 6 tickets.....\$10,000
- Friends of NCHC.....Quarter Page & 2 Tickets.....\$850
- Other Sponsorships: \$ _____

ADVERTISEMENTS: Deadline is October 3, 2017. Please send your ad in either PDF or WORD format to thenry@NCHCFQHC.org. *Ads are black and white, no bleeds. Acceptable formats: High-Res PDF, EPS or TIF (300 dpi). Please include fonts and images. Camera ready art or text only is also acceptable and will be formatted to fit. For further information on the ads, please call Maria Scigliano (973) 483-1300 Ext. 1302 or email chiefstaff@NCHCFQHC.org.*

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|--|---|
| <input type="checkbox"/> Cover (3 Available) (7.5"Wx10"H).....\$1,500 | <input type="checkbox"/> Benefactor.....\$125 |
| <input type="checkbox"/> Full Page (7.5"Wx10"H).....\$1,000 | <input type="checkbox"/> Business Listing.....\$100 |
| <input type="checkbox"/> Half Page (3.5"Wx9.5"H).....\$500 | <input type="checkbox"/> Booster.....\$75 |
| <input type="checkbox"/> Quarter Page (3.5"Wx4.75"H).....\$400 | |
| <input type="checkbox"/> I wish to purchase _____ ticket(s) @ \$225 each (1 table = 10 tickets) Total \$ _____ | |

*All contributions are tax-deductible as provide by law. **The non-deductible portion of each ticket is \$79.20.** Please consult your tax advisor for further information.
NCHC is a 501c(3) not-for-profit organization, federal tax ID # 22-2747589.*

MAKE CHECKS PAYABLE TO: Newark Community Health Centers, Inc.
MAIL CHECKS TO: NCHC, Office of The President & CEO, 741 Broadway, Newark, NJ 07104
For further information, please call (973) 483-1300 Ext. 1302

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