

THE AMBASSADOR'S COUNCIL, THE BOARD OF DIRECTORS AND THE LUNCHEON COMMITTEE INVITE YOU TO JOIN US AS WE CELEBRATE AND HONOR OUR

2010 Women of Distinction & Caring



MELANIE COHEN
Founder of
SocialMiami.com



THE HONORABLE KATHERINE FERNANDEZ-RUNDLE
Miami-Dade State Attorney



TRACY MOURNING
Founder of Honey Shine
Mentoring



JENNIFER VALOPPI
Journalist, Author,
Founder of Women
of Tomorrow



MARLENE BERG
Volunteer Leader,
Chairwoman of Cancer Link

FRIDAY, APRIL 9, 2010

11:00 A.M. RECEPTION & SILENT AUCTION

12:15 P.M. LUNCHEON

Emcee: Michael Aller
Director of Tourism
City of Miami Beach

INTERCONTINENTAL MIAMI
100 CHOPIN PLAZA

Proceeds Benefit
The Caregiver's Comfort Corner
of The Plaza Health Network

2010 Women of Distinction & Caring Luncheon Committee

HONORARY CHAIRS

JOSEFINA CARBONELL, DIANA GONZALEZ, SCHATZI KASSAL, SANDRA LEVY, DIANE MAGNUM, THE HONORABLE CARRIE MEEK, HEATHER ROHAN, SANDRA A. SEARS, VICTORIA VILLALBA, SONJA ZUCKERMAN

MICHAEL ALEXANDER
EYTA BRAFMAN
TERI CHAVEZ
AMANDA DEL DUCA
JESSE DUNWOODY

HERMAN EPSTEIN
THERESA EPSTEIN
TERRY ESCOBAR
ALICE FISHER
JOYCE GALBUT

AARON GLICKMAN
CAPT. MARVIN GREENWALD,
USN RET.
ELLIOT KALUS
HILDINE POTASHNICK
MONICA PUIG

BARRY PRETER
ALAN G. RANDOLPH
SELMA ROTH
MURRAY RUBIN
MICHELE SADKIN
DESIREE SANTIAGO

RACHEL SCHUSTER
JEANETTE STARK
HEIDI TUCKER
GRACY WEBERMAN
DR. WILLIAM ZUBKOFF

RSVP

LUNCHEON GUEST: \$100 PER PERSON
PATRON GUEST: \$250 PER PERSON
BENEFACTOR GUEST: \$500 PER PERSON*
PLATINUM GUEST: \$1,000 PER PERSON*

**Includes Priority Seating*

**PRINT & CUT ALONG DOTTED LINE
AND MAIL PAYMENT TO:**

HEBREW HOMES FOUNDATION
1800 NE 168TH STREET, SUITE 200
NORTH MIAMI BEACH, FLORIDA 33162

Please circle your entrée choice: CHICKEN FISH
KOSHER MEALS AVAILABLE IF REQUESTED IN ADVANCE

FOR SPONSORSHIP INFORMATION PLEASE CALL ILENE ZWEIG AT 305-917-0406

- Yes, I Will Be Delighted To Attend. Please reserve _____ seats for me.
- Enclosed Please Find My Check Made Out To The Hebrew Homes Foundation in the amount of \$ _____
- Sorry, I am unable to join you but wish to make a donation in the amount of: \$ _____

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

DAY PHONE: _____ E-MAIL: _____

I WISH TO PAY BY CREDIT CARD: AMEX VISA MASTER CARD DISCOVER

CARD NUMBER: _____ EXP. DATE: _____

SIGNATURE: _____

PRINT NAME: _____