



70th Anniversary Fr. Peter Sweisgood & Gabriel's Giving Tree Healing and Recovery Breakfast

Gabriel's
Giving Tree

Sunday, October 25, 2026
10:00AM - 1:00PM

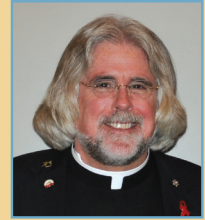
2026 Honorees

Fisher of Men



Gary McGlinchey,
CEAP, SAP, LAP-C

Earth Angel Award



Father Francis Pizzarelli, SMM
Founder-Executive Director &
CEO Hope House Ministries

Sponsorship Opportunities

I/We would like to support the Fr. Peter Sweisgood and Gabriel's Giving Tree Breakfast as a:

☐ Angel of Serenity Sponsor \$10,000

- 20 tickets with preferred seating
- Recognition from the podium
- Prominent signage
- Recognition in LICADD's e-newsletter
- Personalized table sign
- Listing on Licadd.org and link to website

☐ Angel of Hope Sponsor \$5,000

- 20 tickets with preferred seating
- Recognition from the podium
- Prominent signage
- Recognition in LICADD's e-newsletter
- Personalized table sign
- Listing on Licadd.org and link to website

☐ Angel of Recovery \$2,500

- 10 tickets with preferred seating
- Recognition from the podium
- Prominent signage
- Recognition in LICADD's e-newsletter
- Personalized table sign
- Listing on Licadd.org

☐ Angel of Gratitude Sponsor \$1,500

- 10 tickets
- Prominent signage
- Recognition in LICADD's e-newsletter
- Personalized table sign
- Listing on Licadd.org

☐ Angel Sponsor \$1,000

- 10 tickets
- Prominent signage at the breakfast
- Personalized table sign
- Listing on Licadd.org

☐ Table Sponsor \$650

- 10 tickets
- Personalized table sign
- Listing on licadd.org

☐ Ticket(s) \$65

- ☐ I cannot attend but would like to donate

\$ _____

- ☐ I would like to sponsor a scholarship ticket(s)

\$ _____

☐ Angels of Remembrance \$3,995

A donation of \$3,995 will provide a scholarship towards funeral services for a loved one in Nassau or Suffolk County who has died from substance use disorder or opioid poisoning.

**PURCHASE YOUR
TICKETS BY:
October 16, 2026**

**ONLINE OR MAIL
WITH PAYMENT TO:
LICADD
1025 Old Country Rd.
Suite 221
Westbury, NY 11590**

**FOR ADDITIONAL
INFORMATION:
Development Dept.
(516) 747-2606 or
abrooks@Licadd.org**

Payment Method

☐ Check: make check payable to LICADD \$ _____

☐ Online: LICADD.ORG \$ _____

☐ Credit Card: ☐ VISA ☐ MASTERCARD ☐ AMEX ☐ DISCOVER \$ _____

(Purchaser responsible for 3.5% credit card processing fee.)

Please Print Name Exactly As It Should Appear in All Printed Materials

Account Number Expiration Date CV Code

Signature Date

Title Company/Organization

Name on Credit Card

Address City State Zip

Phone E-Mail