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

LICADD
70 years of service

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