

CARRIER CLINIC RECEPTION

Raising funds and awareness for adolescent behavioral health

THURSDAY, APRIL 20, 2023 | 6 p.m.

Sponsorship Opportunities

___ PRESENTING SPONSOR - \$50,000

Includes 20 tickets, reserved seating, logo on website, listing in press releases, verbal recognition at event, signage at event and full page Gold level virtual advertisement with most frequent views

___ PLATINUM SPONSOR - \$25,000

Includes 10 tickets, reserved seating, logo on website, signage at event and full page Gold level virtual advertisement

___ GOLD SPONSOR - \$10,000

Includes 4 tickets, logo on website, signage at event and full page virtual advertisement

___ SILVER SPONSOR - \$5,000

Includes 2 tickets, logo on website, signage at event and half page virtual advertisement

VIRTUAL ADVERTISING JOURNAL

Advertising will be featured on multiple screens throughout the evening. A digital copy will also be shared with event guests and on our website post event.

Virtual ad journal copy is due by Friday, April 14 and may be emailed to paige.cooper@hmn.org. JPEG, PDF or Word files will be accepted. If your ad is not received by April 14, we will create a name listing-only ad for you.

___ Full page Gold level virtual advertisement - \$2,500

___ Full page virtual advertisement - \$1,000

___ Half page virtual advertisement - \$500

RESERVATIONS

___ \$250 Individual ticket

___ \$250 Sponsor a nurse or team member to attend

___ I cannot attend but wish to contribute \$_____

Confirm your sponsorship on or before Friday, February 17 to have your logo included on the invitation.

Register online at Give.HackensackMeridianHealth.org/2023CarrierClinic

___ Sponsorship \$ _____
___ Reservations \$ _____
___ Sponsor a Nurse \$ _____

___ Virtual Ad Journal \$ _____
___ Contribution \$ _____

Name
(List personal or company name as you would like it to appear on any printed materials)

Contact Person

Address

City/State/Zip

Email

Phone

Enclosed is a check in the amount of \$ _____

Please make checks payable to Carrier Clinic.

Charge my credit card in the amount of \$ _____

___ Visa ___ MasterCard ___ Amex ___ Discover

Credit card # Exp. Date Security Code

Name on credit card

Signature

I/We do not wish to receive future mailings. Please remove my name from your list.

Mail to: Hackensack Meridian Health Foundation, 343 Thornall Street, 7th Floor, Edison, NJ 08837
Attn Paige Cooper/Carrier Clinic. For more information, please contact Paige Cooper, operations specialist,
strategic events, at paige.cooper@hmn.org or 201-519-2446.

Please contact us at 848-275-1361 or FoundationOptOut@hmn.org if you wish to have your name removed from the list to receive fundraising requests supporting Hackensack Meridian Carrier Clinic in the future.



Hackensack Meridian
Carrier Clinic

BHHEVT23