



Hackensack
Meridian *Health*
Foundation

NETWORK CELEBRATION
MetLife Stadium
SATURDAY, JUNE 24, 2023

2023 Network Celebration Sponsorship Packages

____ PRESENTING SPONSOR - \$500,000 - *Only 1 available*

50 attendees, general signage at event. Additional signage: ribbon board, video board, toll plaza banners, entrance pylons, plaza signage and on field - end zone. Name in press releases pre- and post-event, access for all attendees to VIP pre-reception, access for 20 attendees to 'Meet & Greet' with musical entertainment, premium reserved seating, verbal acknowledgment in CEO remarks

____ TITLE SPONSORS - \$250,000

25 attendees, general signage at event. Additional signage: ribbon board, video board, parking lot pole banners, plaza signage and on field - sidelines. Name in press releases pre- and post-event, 10 attendees at VIP pre-reception, reserved seating, verbal acknowledgment in CEO remarks

____ DIAMOND SPONSORS - \$100,000

20 attendees, logo on website. Additional signage: ribbon board, video board. General signage at event, name in press releases pre- and post-event, 6 attendees at VIP pre-reception, reserved seating

____ PLATINUM SPONSORS - \$75,000

15 attendees, logo on website. Additional signage: ribbon board. General signage at event, 4 attendees at VIP pre-reception

____ GOLD SPONSORS - \$50,000

10 attendees, logo on website, general signage at event, 2 attendees at VIP pre-reception

____ SILVER SPONSORS - \$25,000

6 attendees, logo on website, general signage at event

____ BRONZE SPONSORS - \$15,000

4 attendees, company name on website, general signage at event

____ COPPER SPONSORS - \$10,000

2 attendees, general signage at event

TICKET RESERVATIONS - \$2,000 per ticket

Register online at GiveHMH.org/NetworkCelebration

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 Hackensack Meridian Health Foundation.

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/Network Celebration. 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 Health Foundation in the future.



Hackensack
Meridian *Health*
Foundation

HMNWC23