



Signature Social

FUNDRAISING EVENT

FRIDAY, AUGUST 4, 2023 | 7 P.M.

Sponsorship Opportunities

____ GRAND SPONSOR - \$50,000

Includes 24 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

____ CELEBRATION SPONSOR - \$25,000

Includes 12 tickets, reserved seating, logo on website, signage at event and full page Gold level virtual advertisement

____ RECEPTION SPONSOR - \$10,000

Includes 6 tickets, logo on website, signage at event and full page virtual advertisement

____ COCKTAIL SPONSOR - \$7,500

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

____ ENTERTAINMENT SPONSOR - \$5,000

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

____ VALET SPONSOR - \$3,000

Includes 2 tickets, logo on website, signage at event, name listing in virtual advertisement

VIRTUAL ADVERTISING JOURNAL

Advertising will be featured on multiple screens throughout the evening. Virtual ad journal copy is due by Thursday, July 20 and may be emailed to strategicevents@hmn.org. JPEG, PDF, or Word files will be accepted.

If your ad is not received by July 20, we will create a name listing only ad for you.

____ \$1,000 Gold Page Ad (most frequent views)

____ \$300 Full Page Ad

____ \$200 Half Page Ad

RESERVATIONS

____ \$600 Individual ticket

____ \$600 Sponsor a nurse or team member to attend

____ I cannot attend but wish to contribute \$_____

Visit GiveHMH.org/SOMCSocial to register online.

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 Southern Ocean Medical Center 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/Southern Ocean Social. 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 Southern Ocean Medical Center Foundation in the future.



Hackensack Meridian
Southern Ocean Medical Center
Foundation

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