



Hackensack Meridian
Hackensack University
Medical Center Foundation

19TH ANNUAL JOSEPH M. SANZARI CHARITY MOTORCYCLE RUN & RAFFLE

Saturday, September 24, 2022

Sponsored by Joseph M. Sanzari and Hackensack Meridian Hackensack University Medical Center Foundation

Sponsorship Opportunities*

Signage deadline: Friday, September 15

Please email your logo (jpeg or pdf format) to paige.cooper@hmhn.org.

_____ \$100,000 - VIP Sponsor

Includes – 20 “Breakfast with Joe” VIP tickets and recognition on 3’x15’ banner and t-shirt

_____ \$10,000 - Gold Sponsor

Includes – 8 “Breakfast with Joe” VIP tickets and recognition on 3’x 8’ banner and t-shirt

_____ \$50,000 - Presenting Sponsor

Includes - 15 “Breakfast with Joe” VIP tickets and recognition on 3’x15’ banner and t-shirt

_____ \$5,000 - Silver Sponsor

Includes – 4 “Breakfast with Joe” VIP tickets and recognition on 2’x 6’ sign and t-shirt

_____ \$25,000 - Platinum Sponsor

Includes – 10 “Breakfast with Joe” VIP tickets and recognition on 3’x10’ banner and t-shirt

_____ \$1,000 - Bronze Sponsor

Includes – 2 “Breakfast with Joe” VIP tickets and recognition on 2’x 3’ sign and t-shirt

VIP “Breakfast with Joe “ ticket only _____ \$75 per person

*The charitable contribution portion of all sponsorships for federal income tax purposes is limited to the excess of the amount paid over the fair value of the services received. *FMV per VIP ticket and t-shirt is \$100. All sponsorships include t-shirt and hat at VIP registration.

_____ Yes - I will be using my VIP tickets

_____ No - I will not be using my VIP tickets

REGISTER ONLINE AT GIVE.HACKENSACKMERIDIANHEALTH.ORG/2022MOTORCYCLERUN.

Name/Company (As you would like it to appear on all signage)

Use LOGO Use name above

Please do not include my name on signage. Donation only.

Contact Person

Address

City/State/Zip

Email

Phone

Enclosed is my check in the amount of \$_____

Make checks payable to: Hackensack University
Medical Center Foundation

I am not able to attend, but would like to contribute \$_____

Please charge my card in the amount of \$_____

Signature required for invoicing or to process credit card charges

Visa MasterCard Amex Discover

Name on Card

Credit card #

Exp. Date

Security Code

Please complete and return this form to
Hackensack University Medical Center Foundation Attention: 2022 Charity Motorcycle Run
at 343 Thornall Street, 7th Floor, Edison, NJ 08837. For more information, please contact
Paige Cooper, operations specialist, strategic events, at 201-519-2446 or paige.cooper@hmhn.org.

Please contact us at 201-519-2446 or FoundationOptOut@hmhn.org if you wish to have your name removed from the list to receive fundraising requests supporting Hackensack University Medical Center Foundation in the future.