# INAUGURAL BONITA STANTON, M.D., MEMORIAL 5K

## SUNDAY, OCTOBER 15, 2023 GiveHMH.org/Stanton5K

## **Sponsorship Opportunities**

#### PLATINUM SPONSOR - \$25,000

- Name/logo prominently listed on a banner displayed at Hackensack Meridian School of Medicine leading up to the run
- Name on start line sign, finish line sign, thank you sign and t-shirts
- Exclusive table at the run to place promotional items
- Recognition in press releases
- Name/logo listed on all promotional materials (if sponsorship is received by Tuesday, August 1, 2023)

#### **\_GOLD SPONSOR - \$10,000**

- Name/logo listed on a banner displayed at Hackensack Meridian School of Medicine leading up to the run
- Name on start line sign, finish line sign, thank you sign and t-shirts
- Opportunity to place promotional items on information table at the run

#### \_SILVER SPONSOR - \$5,000

- Name on start line sign, finish line sign, thank you sign and t-shirts
- Opportunity to place promotional items on information table at the run

#### BRONZE SPONSOR - \$3,000

Name on thank you sign and t-shirts

#### \_\_\_\_FINISH LINE SPONSOR - \$1,000

Name on thank you sign and finish line sign

#### \_\_SUPPORTING SPONSOR - \$500

■ Name on thank you sign

#### INDIVIDUAL PARTICIPATION

Pre-Registration - \$30 + CompuScore fee Late Registration - \$35

#### \_IN-KIND DONATIONS

- In-kind donations are contributions of goods or services (e.g. food/entertainment)
- In-kind donations will be acknowledged on the thank you sign at the event
- For in-kind donations, please contact
   Carissa Morenci, coordinator, Strategic Events, at carissa.morenci@hmhn.org.

l cannot attend	b	but wish	ı to	contribute	9	5
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### Visit GiveHMH.org/Stanton5K to register online.

	Enclosed is a check in the amount of \$				
Name (List personal or company name as you would like it to appear on any printed materials)	Please make checks payable to Hackensack Meridian School of Medicine.				
List. personal of company name as you would like it to appear on any printed materials?	Charge my credit card in the amount of \$				
Contact Person	VisaMasterCardAmexDiscover				
Address	Credit card # Exp. Date Security Code				
City/State/Zip	<u> </u>				
	Name on credit card				
Email					
	Signature				
Phone	☐ 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 Carissa Morenci/Stanton 5K. For more information, please contact Carissa Morenci, coordinator, Strategic Events, at carissa.morenci@hmhn.org or 551-352-3783.



