



Sponsorship Opportunities

Includes event tickets as listed below, signage and program recognition. Multiple sponsorships available, all packages are non-exclusive.

S50,000 TITLE SPONSORS

36 tickets with reserved seating, logo on website, sponsorship mentioned in all press releases and full page in virtual ad journal

□ \$25,000 PLATINUM SPONSORS

20 tickets with reserved seating, logo on website, sponsorship mentioned in all press releases and full page in virtual ad journal

\$15,000 DIAMOND SPONSORS

10 tickets with reserved seating, logo on website, sponsorship mentioned in all press releases and full page in virtual ad journal

□ \$10,000 EMERALD SPONSORS Eight tickets with reserved seating, logo on website and full page in virtual ad journal

Ariday, May 1, 2020 6:30 p.m. – 10:30 p.m.

1401 Ocean Avenue Asbury Park, NJ 07712

\$5,000 SAPPHIRE SPONSORS Six tickets and full page in virtual ad journal

\$3,500 SILVER SPONSORS Four tickets and full page in virtual ad journal

□ \$1,000 RUBY SPONSORS Two tickets and full page in virtual ad journal

Underwriting Opportunities

□ \$10,000 RECEPTION UNDERWRITER Signage and program recognition and full page in virtual ad journal

\$5.000 ENTERTAINMENT UNDERWRITER Signage and program recognition and full page in virtual ad journal Signage and program recognition and half page in virtual ad journal S2,500 VALET UNDERWRITER Name listed on signage near the valet parking area

and half page in virtual ad journal

\$3,500 DÉCOR UNDERWRITER

Virtual Tournal Advertising

ST50 HALF PAGE □ \$100 PATRON LISTING (NAME ONLY) **\$1,000 FULL PAGE** Advertising copy is due by April 17. Ad copy may be emailed to Michelle.Lake@hackensackmeridian.org. JPEG, PDF or Word files accepted.

Peservations

Tickets at \$275 per person Sponsor a nurse or team member to attend for \$275 each

50/50 Raffle Tickets

50/50 Cash Raffle Tickets at \$20 each

I am unable to attend, but please accept my tax deductible contribution of \$

Register now at HackensackMeridianHealth.org/RBMCReception.

Jame/Company		Total participation \$	Total participation \$		
Contact Person		Payment Enclosed Invoi	ceC	harge	
Address		Signature required for invoicing or	Signature required for invoicing or to process credit card charges		
City/State/Zip Email		Uvisa UMasterCard Ame	x 🖵 Discover		
Phone	Fax	Credit Card No.	Exp date	Security Code	

Please complete and return the form to Raritan Bay Medical Center Foundation at

3 Hospital Plaza, Suite 207A, Old Bridge, NJ 08857 or fax to 732-360-4147. For more information, call 732-751-5113 or email Michelle.Lake@hackensackmeridian.org.

Please contact us at 732-751-5163 or FoundationOptOut@hackensackmeridian.org if you wish to have your name removed from the list to receive fundraising requests for Raritan Bay Medical Center Foundation in the future.