

2024 CARIBBEAN/LATINO COMMUNITY Block Party & Health Fair

SATURDAY, JULY 13, 2024

Sponsorship Opportunities

____ PREMIER SPONSOR - \$10,000

- Name/logo prominently listed on event signage
- Name/logo on printed materials
- Recognition in press release
- Promotion in social media outreach
- Recognition on CDI and event website
- Verbal recognition at event

____ FOOD & REFRESHMENT SPONSOR - \$10,000

- Benefits of Event Sponsor
- Additional signage at Food/Refreshment Stations

____ FEATURED SPONSOR - \$5,000

- Name/logo listed on event signage
- Name/logo on printed materials
- Recognition in press release
- Recognition on CDI and event website

____ FAMILY ENTERTAINMENT SPONSOR - \$5,000

- Benefits of Event Sponsor
- Additional signage at Family Entertainment Stations

____ GIFT BAG SPONSOR - \$5,000

- Benefits of Event Sponsor
- Branding Opportunities in Gift Bag

____ EVENT SPONSOR - \$2,500

- Name/logo listed on event signage
- Name on printed materials

____ MUSIC SPONSOR - \$2,000

- Benefits of Event Sponsor
- Additional signage at Music Stations

____ HEALTH/WELLNESS PARTNER VENDOR OPPORTUNITIES - \$500

A limited number of vendor opportunities are available for entities approved by the CDI CPPCI

- 6 foot table
- 2 chairs
- Opportunity to promote your brand and interact with community participants
- Listing in printed materials

____ DIAGNOSTIC PARTNER (RESERVED)

- Benefits of Premier Sponsor
- Additional signage at Diagnostic Stations

Visit GiveHMH.org/HealthFair for sponsorship payment.

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: Gift Processing.
For more information, please contact Elan Shoulders at elan.shoulders@hmn.org or 551-245-3727.

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 in the future.



Hackensack
Meridian Health

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