



SIGNATURE SOCIAL

Friday, July 26, 2024

7 p.m. - 10 p.m.

NEW VENUE:

The Farm on Main

450 Main Street, West Creek, NJ 08092

Sponsorship Opportunities

CELEBRATION SPONSOR - \$25,000

Includes 10 tickets, reserved seating, logo on website, premiere signage at event and full-page Gold level virtual advertisement

RECEPTION SPONSOR - \$10,000

Includes 8 tickets, prominent signage at event and full-page virtual advertisement

COCKTAIL SPONSOR - \$7,500

Includes 6 tickets, signage at event and half-page virtual advertisement

ENTERTAINMENT SPONSOR - \$5,000

Includes 4 tickets, signage at event and half-page virtual advertisement

VALET SPONSOR - \$3,000

Includes 2 tickets, 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 Friday, July 12, 2024 and may be emailed to strategicevents@hmhn.org. JPEG, PDF, or Word files will be accepted.

If your ad is not received by July 12, 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

___ \$500 Individual ticket

___ \$500 Sponsor a nurse or team member to attend

___ I cannot attend but wish to contribute \$_____

Visit GiveHMH.org/SOMCSocial to register online.

Name/Company (please list as you would like to appear on signage)

Contact Person

Address

City/State/Zip

Email

Phone

Fax

Mail to: Hackensack Meridian Health Foundation
343 Thornall Street, 7th Floor, Edison, NJ 08837
Attn: Amy Emenuga, specialist, Strategic Events
at 201-957-9369 or amy.emenuga@hmhn.org.

Please contact us at 848-275-1361 or FoundationOptOut@hmhn.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.

___ Sponsorship \$ _____

___ Reservations \$ _____

___ Virtual Advertising \$ _____

___ I cannot attend, but please accept my fully deductible donation of: \$ _____

TOTAL PARTICIPATION: \$ _____

Payment Enclosed _____ Invoice _____ Charge _____

Signature required for invoicing or to process credit card charges

___ Visa ___ MasterCard ___ Amex ___ Discover

Name as it appears on the credit card

Credit card # _____ Exp. Date _____ Security Code _____

