

13TH ANNUAL
SUSAN ZABRANSKY HUGHES MEMORIAL 5K RUN/WALK

Sponsorship Opportunities

____ PREMIER SPONSOR - \$25,000

- Name prominently listed on street banner displayed leading up to the run
- Name on runner bibs worn by every participant, start line sign, finish line sign, thank you sign and t-shirts
- Exclusive table at the run to place promotional items
- Includes up to 25 race registrations
- Name listed on all promotional materials (if sponsorship is received by Friday, March 1)

____ DIAMOND SPONSOR - \$15,000

- Name listed on street banner displayed 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
- Includes up to 15 race registrations

____ PLATINUM SPONSOR - \$10,000

- Sole name on mile marker signs
- 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
- Includes up to 10 race registrations

____ GOLD 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
- Includes up to five race registrations

____ SILVER SPONSOR - \$3,000

- Name on start line sign, finish line sign, thank you sign and t-shirts
- Includes up to two race registrations

____ BRONZE SPONSOR - \$1,500

- Name on finish line sign, thank you sign and t-shirts

____ WATER STATION SPONSOR - \$500

- Name displayed on all water stations located throughout the race route
- Name on thank you sign and t-shirts

____ SUPPORTING SPONSOR - \$300

- Name on thank you sign and t-shirts

____ IN-KIND DONATIONS

- In-kind donations will be acknowledged on the thank you sign at the event and on t-shirts
- For in-kind donations, please contact Danielle Binn at danielle.binn@hmn.org

*Sponsorships must be received by Sunday, April 7 to guarantee inclusion on signage and race t-shirts

*In accordance with the Internal Revenue Service regulations, tax deductibility will be determined by sponsor level

____ I cannot attend but wish to contribute \$_____

Registration and sponsorships also available at saddleriver5k.com.

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: Danielle Binn

For more information, please contact Danielle Binn, manager, Annual Giving, at danielle.binn@hmn.org.

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 Foundation in the future.



Hackensack
Meridian Health
Foundation



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