

## SPONSORSHIP, ADVERTISING, TICKET ORDER FORM

### CONTACT INFORMATION

Sponsoring Organization or Individual: (The sponsorship will be recognized using this name.)

Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_ Email: \_\_\_\_\_

### EVENT PARTICIPATION

### ★ PROGRAM BOOK ADVERTISEMENTS

#### ★ SPONSORSHIPS

- \_\_\_\_\_ \$10,000 – Champion Sponsor
- \_\_\_\_\_ \$7,500 – Corporate Sponsor
- \_\_\_\_\_ \$5,000 – Diamond Sponsor
- \_\_\_\_\_ \$3,500 – Platinum Sponsor
- \_\_\_\_\_ \$2,500 – Gold Sponsor
- \_\_\_\_\_ \$1,000 – Silver Sponsor
- \_\_\_\_\_ \$500 – Bronze Sponsor

- \_\_\_\_\_ Full Page \$ 400
- \_\_\_\_\_ Half Page \$ 225
- \_\_\_\_\_ Benefactor Listing \$ 100

Ad artwork CANNOT be accepted after January 11, 2019.

PDF ads should be emailed to Julie Weitzman at  
jweitzman@SamaritanNJ.org

#### ★ GUEST RESERVATIONS

- \_\_\_\_\_ Individual \$ 225
- \_\_\_\_\_ \$125 All Our Service Members and Veterans
- \_\_\_\_\_ \$125 Young Professionals (35 and under)
- \_\_\_\_\_ Table (10 tickets) \$ 2,000

**★ Purchase Sponsorship Packages and Tickets Online at SamaritanNJ.org/gala ★**

#### CONTRIBUTION

Sponsorship Total \$ \_\_\_\_\_  
Ticket Total \$ \_\_\_\_\_  
TOTAL \$ \_\_\_\_\_

#### PAYMENT METHOD

\_\_ Check Enclosed \_\_ Credit Card \_\_ Please Bill Us  
FOR CREDIT CARD (please circle): VISA MasterCard AMEX  
Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ Security Code: \_\_\_\_\_  
Name on Card: \_\_\_\_\_  
Signature: \_\_\_\_\_

**AUTHORIZATION** I agree to the above support of Samaritan Healthcare & Hospice through the 2019 gala.

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_