

# Evening of HONORS



**Thursday, October 18, 2018    Crystal Plaza, Livingston, NJ**  
**Sponsorship Levels**

## **Presenting ■ \$50,000**

- Two tables of ten with preferred seating
- Acknowledgement by host as Presenting Sponsor during program
- Invitation to a private Research Update with national expert
- Champagne delivery to your tables during the program
- Complementary home-delivery of auction items to you and your guests
- Premium journal ad
- Premier event signage
- Logo on print materials
- Listing as Presenting Sponsor on event website
- Mention in all media and press releases
- Right of first refusal for 2019 Presenting Sponsor

## **Platinum ■ \$25,000**

- One table of ten guests with preferred seating
- Acknowledgement by host as Platinum Sponsor
- Invitation to a private Research Update with national expert
- Champagne delivery to your tables during the program
- Complementary home-delivery of auction items to you and your guests
- Premium journal ad
- Premier event signage
- Logo on print materials
- Listing as Platinum Sponsor on event website
- Mention in all media and press releases

## **Cocktail ■ \$20,000 Exclusive**

- One table of ten guests with preferred seating
- Acknowledgement by host as Cocktail Sponsor
- Premium journal ad
- Premier event signage
- Logo on print materials
- Listing as Cocktail Sponsor on event website
- Company & Arthritis Foundation logos on Step & Repeat for photo opportunities
- Mention in all media and press releases
- Opportunity to name the signature drink

## **Diamond ■ \$15,000**

- One table of ten guests
- Acknowledgement by host as Diamond Sponsor during program
- Premium journal ad
- Event signage
- Logo on invitation
- Listing as Diamond Sponsor on event website
- Mention in select media and press releases

## **Gold ■ \$10,000**

- One table of eight guests
- Full page journal ad
- Event signage
- Company name on invitation
- Listing as Gold Sponsor on event website

## **Silver ■ \$5,000**

- One table of six guests
- Half page journal ad
- Event signage

## **Bronze ■ \$2,500**

- Four tickets to event
- Quarter page journal ad
- Event signage

## **Benefactor ■ \$500**

- Quarter page journal ad

## **Individual Ticket ■ \$350**

### **Advertising Information (Please Check)**

- |                          |              |         |               |
|--------------------------|--------------|---------|---------------|
| <input type="checkbox"/> | Full Page    | \$2,000 | 5.75" x 8.75" |
| <input type="checkbox"/> | Half Page    | \$1,000 | 5" x 3.875"   |
| <input type="checkbox"/> | Quarter Page | \$500   | 2.5" x 3.875" |

### **Advertisement Deadline: September 14, 2018**

Email copy/Layout: [kdrzik@arthritis.org](mailto:kdrzik@arthritis.org)

**For more information, please contact Karen Drzik at [kdrzik@arthritis.org](mailto:kdrzik@arthritis.org) or 732-387-5530.**

# Evening of HONORS



## Guest Information

Company/Contributor \_\_\_\_\_

Name \_\_\_\_\_

Contact Person \_\_\_\_\_ Title \_\_\_\_\_

Address \_\_\_\_\_ Suite/Floor \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Email Address: \_\_\_\_\_

Telephone (\_\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_\_) \_\_\_\_\_

## Sponsorships

\_\_\_ Presenting Sponsor ■ \$50,000

\_\_\_ Platinum Sponsor ■ \$25,000

\_\_\_ Cocktail Sponsor ■ \$20,000

\_\_\_ Diamond Sponsor ■ \$15,000

\_\_\_ Silver Sponsor ■ \$5,000

\_\_\_ Bronze Sponsor ■ \$2,500

\_\_\_ Benefactor Sponsor ■ \$500

\_\_\_ Tickets ■ \$350 in support of \_\_\_\_\_.

\_\_\_ Gold Sponsor ■ \$10,000

\_\_\_ I am unable to attend, but would like to make a contribution in support of \_\_\_\_\_.

## Advertising Information

\_\_\_ Full Page \$2,000 5.75" x 8.75"

\_\_\_ Half Page \$1,000 5" x 3.875"

\_\_\_ Quarter Page \$500 2.5" x 3.875"

## Payment Information

\_\_\_ Check Enclosed (Make payable to the Arthritis Foundation)

\_\_\_ Credit Card (Please Circle) Visa/MasterCard/American Express/Discover

Credit Card Number \_\_\_\_\_ Exp. Date \_\_\_\_\_

Name on Card (please print) \_\_\_\_\_

Address associated with credit card \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Total Amount \$** \_\_\_\_\_

**Please return this form with your contribution to:**

**Arthritis Foundation, New Jersey Chapter  
555 Route 1 South, Suite #220  
Iselin, NJ 08830**