

# 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 the 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 | 5.25" w x 8.25" h  |
| <input type="checkbox"/> Half Page    | \$1,000 | 5.25" w x 4.125" h |
| <input type="checkbox"/> Quarter Page | \$500   | 2.75" w x 4" h     |

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

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

**For more information, please contact Karen Drzik at 732-387-5530.**



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
\_\_\_ Gold Sponsor ■ \$10,000
\_\_\_ Silver Sponsor ■ \$5,000
\_\_\_ Bronze Sponsor ■ \$2,500
\_\_\_ Benefactor Sponsor ■ \$500
\_\_\_ Tickets ■ \$350 in support of \_\_\_\_\_

\_\_\_ I am unable to attend, but would like to contribute in support of \_\_\_\_\_ to fund the mission of the Arthritis Foundation.

\_\_\_ I am interested in purchasing a journal ad (deadline: September 14, 2018).

Advertising Information

\_\_\_ Full Page \$2,000 5.25" w x 8.25" h
\_\_\_ Half Page \$1,000 5.25" w x 4.125" h
\_\_\_ Quarter Page \$500 2.75" w x 4" h

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