



Thursday, May 5, 2022

6:30pm – 9:30pm

Liberty House Restaurant – Jersey City, NJ

Honoring CarePoint Health's Frontline Workers

SPONSORSHIP OPPORTUNITIES

- **PRESENTING SPONSOR: \$50,000**
(Exclusive)
Speaking opportunity for company representative at event; Recognition w/ logo in all marketing material, event website, social media & event backdrop; 20 Reservations to attend cocktail reception.
- **PLATINUM SPONSOR: \$40,000**
Recognition w/ logo in all marketing material, event website, social media & event backdrop; 15 reservations to attend cocktail reception.
- **GOLD SPONSOR: \$30,000**
Recognition w/ logo in all marketing material, event website, social media & event backdrop; 10 reservations to attend cocktail reception.
- **SILVER SPONSOR: \$20,000**
Recognition w/ logo in all marketing material, event website, social media & event backdrop; 8 reservations to attend cocktail reception.
- **BRONZE SPONSOR: \$15,000**
Recognition w/ logo in all marketing material, event website, social media & event backdrop; 6 reservations to attend cocktail reception.
- **SUPPORTING SPONSOR: \$10,000**
Recognition w/ logo in all marketing material, event website, social media & event backdrop; 5 reservations to attend cocktail reception.
- **CIRCLE of FRIENDS SPONSOR: \$5,000**
Recognition w/ logo in all marketing material, event website, social media & event backdrop; 4 reservations to attend cocktail reception.
- **CONTRIBUTING SPONSOR: \$2,500**
Recognition w/ logo in all marketing material, event website, social media & event backdrop; 2 reservations to attend cocktail reception.
- **INDIVIDUAL RESERVATION: \$350**
1 reservation to attend cocktail reception.

Federal Tax ID # 45-2486602

A portion of your donation is tax deductible to the extent allowed by law



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Honoring CarePoint Health's Frontline Workers

Company Name: _____

Contact Name: _____ Title _____

Phone: _____ Fax: _____ Email: _____

Company Address: _____

City: _____ State: _____ Zip: _____

I confirm my participation as: _____

(Please indicate level of support)

My check is enclosed in the amount of \$ _____

Please charge \$ _____ to my Visa MasterCard American Express

Name on the Credit Card: _____

Credit Card Number: _____ Expiration Date: _____ Security Code: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Signature: _____

To confirm your attendance, please RSVP by April 18th.
Registration is not confirmed until form and payment is received.

To pay online go to:

carepointhealthfoundation.org

or mail your completed reservation form with payment to:

CAREPOINT FOUNDATION
176 Palisade Avenue
Jersey City, New Jersey 07306
c/o Janet Estremera, Development Manager

*If you have any questions, please contact the CarePoint Foundation office at 201.795.8000
or email janet.estremera@carepointhealthfoundation.org*

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