

19th ANNUAL Miracle Walk SUNDAY OCT 13, 2019



SPONSORSHIP FORM

Event Sponsor - \$20,000
 Recognition in event press releases and printed materials
 Logo/link on Miracle Walk website and social media
 Premier placement of logo on ceremonial stage
 Listing on weekly emails to over 10,000
 Prominent logo on front of Miracle Walk t-shirt
 Logo on banner placed at Start line
 Logo on Route Marker Sign
 20 Participant Registrations

Presenting Sponsor - \$15,000
 Logo/link on Miracle Walk website and social media
 Premier placement of logo on ceremonial stage
 Listing on weekly emails to over 10,000
 Prominent logo on front of Miracle Walk t-shirt
 Logo on banner placed at Start line
 Logo on Route Marker Sign
 10 Participant Registrations

Platinum Sponsor - \$10,000
 Logo/link on Miracle Walk website and social media
 Listing on weekly emails to over 10,000
 Prominent logo on front of Miracle Walk t-shirt
 Logo on banner placed at Start line
 Logo on Route Marker Sign
 10 Participant Registrations

Gold Sponsor - \$5,000
 Logo/link on Miracle Walk website and social media
 Logo placement on front of Miracle Walk t-shirt
 Listing on weekly emails to over 10,000
 Logo on banner placed at Start line
 Logo on Route Marker Sign
 8 Participant Registrations

Silver Sponsor - \$2,500
 Logo on Miracle Walk website
 Listing on weekly emails to over 10,000
 Prominent logo on back of Miracle Walk t-shirt
 Listing on Route Marker Sign
 6 Participant Registrations

Bronze Sponsor - \$1,000
 Logo on Miracle Walk website
 Logo on back of Miracle Walk t-shirt
 Listing on weekly emails to over 10,000
 Listing on Route Marker Sign
 4 Participant Registrations

T-Shirt Sponsor - \$500
 Logo on Miracle Walk website
 Listing or Logo on back of Miracle Walk T-Shirt
 2 Participant Registrations

Friend Sponsor - \$250
 Listing on Friends Donor Board at Miracle Walk

Company _____

Contact Person _____

Address _____

City/State/Zip _____

Phone _____

Email _____ Website _____

For recognition, please list as _____

We would like to participate as a _____ Sponsor OR

We would like to make a donation of _____

Signature _____

Please charge my credit card: Visa MasterCard Discover Amex

Credit Card No. _____ Exp. Date _____ CVV Code _____

Authorized Signature _____

Email logos to Katherine.Lubinger@rwjbh.org by Sept. 13th for inclusion on t-shirts

Please make check payable to Saint Barnabas Medical Center and return with this entire form to:

Saint Barnabas Medical Center Development Department 95 Old Short Hills Road · West Orange, NJ 07052

Phone: (973) 322-4305 Fax: (973) 322- 4346 Email: Katherine.Lubinger@RWJBH.org



Saint Barnabas Medical Center | RWJBarnabas HEALTH

Solicited by _____

Saint Barnabas Medical Center is a 501(c)(3) not-for-profit organization; our Federal ID # 22-1494440. If you prefer not to receive mail from us, please email Katherine.Lubinger@RWJBH.org or call 973-322-4305. Please note: It is the policy of RWJBarnabas Health that 10% of donations may be used for unrestricted purposes, including priority clinical initiatives, key capital projects and operations. It is the policy of Saint Barnabas Medical Center not to sell or share donor lists.