

22nd Annual Multiple Sclerosis Benefit

to support *The Linda E. Cardinale Multiple Sclerosis Center at CentraState*

Friday, September 22, 2023 · 6:30PM-10:00PM · The Star and Barry Tobias Ambulatory Campus at CentraState Medical Center

\$20,000 SURVIVOR SPONSOR

- Includes 14 Gordon Stillwell Tasting Tickets
- Full page color ad
- Logo on website, banner and mention in all PR/Media

\$15,000 AWARENESS SPONSOR

- Includes 12 Gordon Stillwell Tasting Tickets
- Full page color ad
- Logo on website, banner and mention in all PR/Media

\$10,000 ADVOCATE SPONSOR

- Includes 10 Gordon Stillwell Tasting Tickets
- Full page color ad
- Logo on website, banner and mention in all PR/Media

\$7,500 CURE SPONSOR

- Includes 8 Gordon Stillwell Tasting Tickets
- Full page color ad
- Logo on website

\$5,00 COURAGE SPONSOR

- Includes 6 Gordon Stillwell Tasting Tickets
- Full page color ad
- Logo on website

\$3,000 STRENGTH SPONSOR

- Includes 4 Gordon Stillwell Tasting Tickets
- Full page color ad
- Logo on website

\$2,000 HOPE SPONSOR

- Includes 2 Gordon Stillwell Tasting Tickets
- Full page color ad
- Logo on website

\$250 INDIVIDUAL TICKET

- Includes 1 Gordon Stillwell Tasting Ticket

TAX DEDUCTIBLE DONATION

- 12-Week Wellness Program (\$120 for 1 MS patient)
- Graduate Program (\$250 for 1 MS patient)

Guest Admission included in sponsorships may be converted into 12-Week Wellness Program experiences for MS patients in lieu of attending the event. Please contact gabriella.lafata@centrastate.com for details.

SCAN ME



\$1,000 FULL PAGE AD

- Full color ad
- 8.5"H x 5.5"W

\$500 HALF PAGE AD

- Full color ad
- 4.25"H x 2.75"W

AD DEADLINE: FRIDAY, SEPTEMBER 1, 2023 VIA PDF, JPEG OR PNG TO [GABRIELLA.LAFATA@CENTRASTATE.COM](mailto:gabriella.lafata@centrastate.com)

IF YOUR AD IS NOT RECEIVED BY SEPTEMBER 1, 2023, A NAME LISTING-ONLY AD WILL BE CREATED FOR YOU.

COMPANY OR INDIVIDUAL NAME (AS YOU WISH IT TO APPEAR IN RECOGNITION): _____

CONTACT NAME: _____ CONTACT POSITION: _____

ADDRESS: _____ CONTACT PHONE: _____

CITY: _____ STATE: _____ ZIP: _____ CONTACT EMAIL: _____

PLEASE LIST THE NAMES OF EVENT ATTENDEES: _____

TOTAL PAYMENT \$ _____

CHECK ENCLOSED, PAYABLE TO CENRASTATE HEALTHCARE FOUNDATION

PLEASE INVOICE ME

CREDIT CARD

(A FOUNDATION TEAM MEMBER WILL CALL YOU TO OBTAIN CREDITCARD INFORMATION UPON RECEIPT)

SIGNATURE: _____ DATE: _____

Fax form to (732) 294-7110 or mail to CentraState Healthcare Foundation, 225 Willow Brook Rd, Suite 5, Freehold, NJ 07728.

For more information please contact the Foundation at (732) 294-7030 or email foundation@centrastate.com.

Foundation expenses of 12% will be deducted from the proceeds of this event. TAX ID # 22-2383065