UNDERWRITING, ADVERTISING & PARTICIPATION ORDER FORM

Reservations or advertisements will be processed when a signed form or payment is received.

CONTACT INFORMATION
Sponsoring Organization or Individual (The sponsorship will be recognized using this name in printed materials, announcements, etc.)

Sponsor name ______________________________________________________________________________________

Contact person ________________________________ Title _________________________________________________

Phone _____________________________ Fax __________________________  Email ____________________________

Billing address ______________________________________________________________________________________

City _______________________________________________ State_______________ Zip Code ___________________

EVENT PARTICIPATION
Sponsorship/Underwriting

☐ Platinum Studio Sponsor - $35,000
☐ Gold Sponsor - $25,000
☐ Silver Sponsor - $15,000
☐ Bronze Sponsor - $10,000
☐ Copper Sponsor - $7,500
☐ STAR Sponsor - $5,000
☐ Celebration Sponsor - $2,500
☐ Friend of Virtua - $1,000
☐ Individual Ticket - $450
☐ 50/50 Ticket - $100 each (NJLGCC ID#137436187 / Municipal RL#4444)

Additional Advertising Options

☐ Double-page (16” w x 8” h) four-color ad - $4,000
☐ Full-page (8” w x 8” h) four-color ad - $3,000
☐ Half-page (8” w x 3.875” h) four-color ad - $2,500
☐ Full-page (8” w x 8” h) b&w ad - $2,000
☐ Half-page (8” w x 3.875” h) b&w ad - $1,500
☐ Quarter-page (3.875” w x 3.875” h) b&w ad - $750
☐ Eighth-page (3.875” w x 1.8125” h) b&w ad - $500
☐ Contributor (listing) $300

CONTRIBUTION

Sponsorship Total ................................................................. $__________

Ticket Total ..................... ______ Tickets @ $450 each ............... $__________

Program Book Ad ............................................................... $__________

50/50 Tickets ................... ______ Tickets @ $100 each .............. $__________

Total Commitment ................................................................ $__________

(Cancellations made within 72 hours of the event will not be subject to a refund.)

Payment Method:  ☐ Check enclosed made payable to Virtua Foundation
                        ☐ Credit Card  ☐ Please bill us

FOR CREDIT CARD PAYMENT (Circle card type)    American Express    MasterCard    Visa    Discover

Card Number ______________________________________________ Expiration Date _____________ CSV Code _______

Name on Card ______________________________________________ Signature _______________________________

AUTHORIZATION
I agree to the above support of Virtua Foundation through the 2019 Gala
(Signature or payment is required to process your commitment.)

Print Name ______________________________________________ Signature _______________________________

REGISTRATION OPTIONS

Web: Foundation.Virtua.org               Mail: Virtua Foundation
Phone: 856-355-0830               Email: VHF@virtua.org
Fax: 856-355-0831