



**VISION LOSS ALLIANCE OF NEW JERSEY SIGNATURE FUNDRAISING EVENT  
PARK AVENUE CLUB, THURSDAY, OCTOBER 26, 2023 at 6:00PM**

**Support this important event and gain exposure in the following ways:**

**DIAMOND SPONSOR: \$10,000**

- Ten VIP tickets
- Full front inside cover page ad in event journal with recognition as our diamond sponsor
- Name, logo, and company link prominently featured on all press materials, VLANJ website and social media platforms
- Recognition and company link to be featured on VLANJ social media platforms
- Advertisement in the VLANJ newsletter, published semi-annually
- Recognition at the Tasting in The Dark event

**PLATINUM SPONSOR: \$5,000**

- Eight Event Tickets
- Full page ad in event journal with recognition as our platinum sponsor.
- Name and company link on VLANJ website and social media platforms.
- Recognition at the Tasting In The Dark event

**SILVER SPONSOR: \$1,000**

- Four event tickets
- Half page ad in event journal with recognition as our silver sponsor
- Name and company link on VLANJ website and social media platforms
- Recognition at the Tasting In The Dark event

**GOLD SPONSOR- \$2,500**

- Six event tickets
- Full page ad in event journal with recognition as our gold sponsor
- Name and company link on VLANJ website and social media platforms
- Recognition at the Tasting In The Dark event

**PARTNER SPONSOR: \$500**

- Two event tickets
- Quarter page ad in event journal with recognition as our partner sponsor
- Name and company link on VLANJ website and social media platforms
- Recognition at the Tasting In The Dark event

**EVENT JOURNAL**

- Full Page (5" x 8") - \$600
- Half Page (5" x 3.25") - \$300
- Student Sponsor - Please consider sponsoring a student to attend the event. The student will receive a special invitation from you and your business will be recognized in the event journal with a business card ad. \$200
- Artwork for Journal Ads may be submitted to [jsantosuosso@vlanj.org](mailto:jsantosuosso@vlanj.org) by October 1, 2023

**PLEASE PROVIDE THE FOLLOWING INFORMATION**

NAME: \_\_\_\_\_ COMPANY NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

**PAYMENT OPTIONS:**

**\*\*CHECK MADE PAYABLE TO VISION LOSS ALLIANCE OF NEW JERSEY**

CREDIT CARD: Visa MC AMEX

CARD NUMBER: \_\_\_\_\_ EXP DATE: \_\_\_\_\_ SECURITY CODE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

**PLEASE RETURN COMPLETED FORM TO:**

Jennifer Santosuosso, Development Assistant  
Vision Loss Alliance of New Jersey  
155 Morris Ave, Suite 2  
Denville, NJ 07834

For questions or more information please contact:  
[jsantosuosso@vlanj.org](mailto:jsantosuosso@vlanj.org) or call (973) 627-0055, Ext. 8