



SPONSORSHIP OPPORTUNITIES – 2025

We invite your participation to sponsor the **Chairman's Reception, A Toast to Excellence**.
All sponsorships include company logo on Capital Health Foundation website and event day media.

CHAIRMAN'S RECEPTION, A TOAST TO EXCELLENCE

THURSDAY, NOVEMBER 20, 2025 | THE STONE TERRACE | 2275 KUSER ROAD, HAMILTON, NJ 08690

EVENT SPONSORSHIP

| | | | | | |
|--|-----------------|--|--|-----------------|---|
| <input type="checkbox"/> PRESENTING EXCLUSIVE | \$35,000 | 12 TICKETS invitation to Awardees & Benefactor Pre-Event Reception and reserved seating at Chairman's Reception. | <input type="checkbox"/> GOLD | \$10,000 | 6 TICKETS invitation to Awardees & Benefactor Pre-Event Reception and reserved seating at Chairman's Reception. |
| <input type="checkbox"/> PLATINUM | \$25,000 | 10 TICKETS invitation to Awardees & Benefactor Pre-Event Reception and reserved seating at Chairman's Reception. | <input type="checkbox"/> SILVER | \$5,000 | 4 TICKETS |
| <input type="checkbox"/> DIAMOND | \$15,000 | 8 TICKETS invitation to Awardees & Benefactor Pre-Event Reception and reserved seating at Chairman's Reception. | <input type="checkbox"/> BRONZE | \$2,500 | 2 TICKETS |
| COMMEMORATE THE AWARDEE | | | | | |
| <input type="checkbox"/> PATRON | \$1,000 | 1 TICKET | <input type="checkbox"/> FRIEND | \$500 | |

GIFT OF SUPPORT

We are unable to attend the Chairman's Reception, but would like to provide a gift of support and have enclosed a contribution of:

☐ \$2,000 ☐ \$1,500 ☐ \$1,000 ☐ \$750 ☐ \$500 ☐ \$250 ☐ OTHER \$_____

DONOR INFORMATION

| | | | |
|--------------|----------------------|-------|-----|
| COMPANY NAME | CONTACT NAME & TITLE | | |
| ADDRESS | CITY | STATE | ZIP |
| PHONE | EMAIL | | |

PAYMENT INFORMATION

PLEASE FULFILL YOUR SPONSORSHIP COMMITMENT BY DECEMBER 31, 2025.

Payment Total:

☐ Enclosed is our payment of \$ _____ ☐ Full payment of \$ _____ will be forthcoming.

Payment will be made via:

☐ CHECK, payable to Capital Health

☐ CREDIT CARD

☐ ONLINE REGISTRATION

Chairman - Please Visit:

[Chairman's Reception, A Toast to Excellence | Capital Health Hospitals](#)

Name (as it appears on card — please print)

Card Number

Exp. Date

CW

Billing Zip

Payment schedule will be:

☐ ONE-TIME, occurring by _____
DATE

☐ REMAINING PERIOD OF CALENDAR YEAR
DELIVER BY DECEMBER 2025

Please complete & return this form to: **Capital Health Foundation • Two Capital Way, Suite 361 • Pennington, NJ 08534**
For more information, please contact Ginger Zhou, Special Events & Projects Manager, at (609) 303-4349 or gzhou@capitalhealth.org.

INVITATIONS TO ATTEND THE GOLF TOURNAMENT AND/OR CHAIRMAN'S RECEPTION MAY NOT BE MADE DIRECTLY TO CAPITAL HEALTH EMPLOYEES. PLEASE CONTACT CAPITAL HEALTH FOUNDATION IF YOU WISH TO INVITE AN EMPLOYEE TO ATTEND AS YOUR GUEST. IF YOU WISH TO BE REMOVED FROM OUR MAILING LIST FOR INVITATIONS AND OTHER RELATED FUNDRAISING ACTIVITIES, PLEASE EMAIL YOUR REQUEST TO foundation@capitalhealth.org OR CALL (609) 303-4121.