



**capitahealth**  
Foundation

# SPONSORSHIP OPPORTUNITIES – 2026

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, December 3, 2026 · The Stone Terrace · Hamilton, NJ

PLEASE ✓ SELECTION BELOW:

### EVENT SPONSORSHIP

PRESENTING EXCLUSIVE		THANK YOU PF CONCEPTS
<input type="checkbox"/> PLATINUM	\$25,000	<b>10 tickets</b>   Reserved seating at Chairman's Reception + Logo
<input type="checkbox"/> DIAMOND	\$15,000	<b>8 tickets</b>   Reserved seating at Chairman's Reception + Logo
<input type="checkbox"/> GOLD	\$10,000	<b>6 tickets</b>   Shared table sponsor with reserved seating at Chairman's Reception + Logo
<input type="checkbox"/> SILVER	\$7,500	<b>4 tickets</b>   Logo
<input type="checkbox"/> BRONZE	\$5,000	<b>2 tickets</b>   Logo

### 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       \$1,000       \$500  
 \$1,500       \$750       \$250  
 OTHER \$ \_\_\_\_\_

### DONOR INFORMATION

COMPANY NAME

CONTACT NAME AND TITLE

ADDRESS

CITY

STATE

ZIP CODE

PHONE

EMAIL

### PAYMENT INFORMATION

Please fulfill your sponsorship commitment by December 31, 2026.

- Enclosed is our payment of \$ \_\_\_\_\_  
 Full payment of \$ \_\_\_\_\_ will be forthcoming

Payment schedule will be:

- One time, occurring by \_\_\_\_\_ (date)  
 Remaining quarters of calendar year  
 Deliver by March, June, September, and December 2026

Please complete and return this form to:

Capital Health Foundation  
Two Capital Way, Suite 361 · Pennington, NJ 08534

For more information, please contact Heather Kearns-Latini, at 609.303.4346 or [hkearnslatini@capitalhealth.org](mailto:hkearnslatini@capitalhealth.org).

### PAYMENT WILL BE MADE VIA:

- CHECK, payable to Capital Health  
 ONLINE REGISTRATION  
 Golf: please visit:  
**Dr. Abraham George Memorial Golf Tournament**  
 Chairman's Reception: please visit:  
**Chairman's Reception, A Toast to Excellence**

### CREDIT CARD

NAME (as it appears on card, please print)

CARD NUMBER

CVV

EXP. DATE

BILLING ZIP CODE

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 fundraising-related activities, please email your request to [foundation@capitalhealth.org](mailto:foundation@capitalhealth.org) or call 609.303.4121.