

pinkroses tealmagnolias @Home

Same Fight... Different World!

Go Virtual with Pink Roses Teal Magnolias on Sunday, October 25, 2020

Our annual Sunday morning brunch and inspirational program will be held at home – your home – with a special online presentation on **Sunday, October 25**. Now more than ever, we need your help. This year, Pink & Teal will look a little different, but our determination has not changed and we are relying on the support of our community to continue the fight. **Cancer is relentless, and so are we.**

CO-CHAIRS:

Donna Forman • Ilene Grossman • Janet Knowles • Josephine McGinniss • Carolyn Shelby • Susan Bass Levin

HONORARY CO-CHAIRS:

Generosa Grana, MD • Francis R. Spitz, MD • David Warshal, MD
Anthony Dragun, MD • Catherine Loveland-Jones, MD • Roland Schwarting, MD • Todd Siegal, MD

All proceeds will support women's cancer programs at MD Anderson Cancer Center at Cooper.

DONATION • SURVIVORS YEARBOOK • TRIBUTE

In Lieu of Ticket: _____ @ \$140 each

Other Donation: \$ _____

Survivor Celebration Yearbook Page (Photo) \$ 50

Who are you celebrating? Yourself A Loved One

Tribute Listing (Name Only) \$ 25

Tribute In Honor Of: _____ Tribute In Memory Of: _____

DIGITAL AD BOOK

Full Page Color (4.5" w x 7.5" t) \$ 1,500

Full Page BW (4.5" w x 7.5" t) \$ 1,000

Half Page Color (4.5" w x 3.65" t) \$ 750

Half Page BW (4.5" w x 3.65" t) \$ 500

Quarter Page (2.125" w x 3.625" t) \$ 250

Please Note: Email ads in high-res PDF format to winderman-suzanne@cooperhealth.edu by October 16, 2020. For the Survivor Celebration Yearbook Page, go to foundation.cooperhealth.org/prtm-survivor-celebration-yearbook

SPONSORSHIP OPPORTUNITIES (Prominent placement on website, Facebook & Digital Ad Book Circulated to 20,000 viewers)

Presenting "@ Home" Sponsor (VIP Full Page Color Ad, Event Recognition) \$25,000

Health Fair "Healthy Kitchen" Sponsor (Full Page Premier Placement Color Ad) \$15,000

Brunch "Mimosas Please" Sponsor (Full Page Color Ad) \$10,000

Valet "In Your Driveway" Sponsor (Full Page Color Ad) \$ 5,000

Registration "In Your Rec Room" Sponsor (Half Page Black & White Ad) \$ 2,500

"Cozy in Bed" Benefactor (Quarter Page Color Ad) \$ 1,000

PAYMENT

Name: _____ Organization: _____

Address: _____ City, State, Zip: _____

E-mail: _____ Mobile #: _____

Online – Please visit foundation.cooperhealth.org/pinkandteal Check (please make check payable to: *The Cooper Foundation*)

Credit Card – Type: Visa Mastercard Amex Discover

Card #: _____ Charge Amount: \$ _____ Security #: _____ Exp. Date: _____

Name on Card: _____ Signature: _____

Payroll Deduction - Cooper Employee Signature: _____

Mail payment to: The Cooper Foundation, 3 Cooper Plaza, Suite 500, Camden, NJ 08103.

Fax completed form to (paying by credit card or payroll deduction): 856.342.2109

Questions?: Please call 856.963.6704 or e-mail winderman-suzanne@cooperhealth.edu.

