



# Pink & Teal A Celebration of Survivorship



## Sunday, June 5, 2022

1:00 P.M. – 4:00 P.M.

The Legacy Club at  
Woodcrest

300 E. Evesham Rd.  
Cherry Hill, NJ 08003



For questions or  
additional information  
contact Tara Elk at  
[elk-tara@cooperhealth.edu](mailto:elk-tara@cooperhealth.edu).

**The Cooper Foundation**  
101 Haddon Ave., Suite 302  
Camden, NJ 08103  
856.342.2222

MD Anderson **Cooper**  
**Cancer Center**  
Making Cancer History®

**Cooper**  
Foundation



## EVENT REGISTRATION

Name: \_\_\_\_\_  
Organization: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Mobile #: \_\_\_\_\_ Email: \_\_\_\_\_

## SPONSORSHIP & TICKETS

- Pink & Teal Cocktail Party Sponsor – Lunch with Dr. Generosa Grana** \$25,000  
20 tickets, VIP full page digital ad event recognition, name/logo on website & social media
- Survivors Day Sponsor** \$15,000  
15 tickets, full page digital ad, name/logo on website & social media
- Celebration Sponsor** \$10,000  
10 tickets, half page digital ad, name/logo on website & social media
- Magnolia Sponsor** \$ 5,000  
6 tickets, quarter page digital ad name/logo on website & social media
- Rose Sponsor** \$ 2,500  
4 tickets, eighth page digital ad name/logo on website & social media
- Benefactor** \$1,000  
2 tickets, listing in digital ad book
- Individual Ticket(s)** \$ 175  
Number of tickets \_\_\_\_\_
- I am unable to attend but would like to make a **Donation** \$ \_\_\_\_\_

## DIGITAL AD BOOK

- Full Page \$1,500 4.5" wide x 7.5" tall, vertical
- Half Page \$1,000 4.5" wide x 3.65" tall, horizontal
- Quarter Page \$ 750 2.125" wide x 3.64" tall, vertical
- Eighth Page \$ 500 4.5" wide x .75" tall, horizontal
- Tribute Listing \$ 50
  - In Honor of \_\_\_\_\_
  - In Memory of \_\_\_\_\_

Email ads in PDF format to [cooper-foundation@cooperhealth.edu](mailto:cooper-foundation@cooperhealth.edu) by Wednesday, May 25, 2022. Ads should be at least 300dpi/high-resolution.

## PAYMENT

- Check** (Made payable to The Cooper Foundation)
- Credit Card**  Visa  Mastercard  Amex  Discover  
Card Number: \_\_\_\_\_  
Charge Amount: \_\_\_\_\_  
Security Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_  
Name on Card: \_\_\_\_\_  
Signature: \_\_\_\_\_
- Payroll Deduction** (Cooper Employees Only)  
Employee Name: \_\_\_\_\_  
Signature: \_\_\_\_\_