



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.

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** \$25,000
20 tickets, VIP full page digital ad, lunch with Dr. Generosa Grana, 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

- | | | |
|---|---------|------------------------------------|
| <input type="checkbox"/> Full Page | \$1,500 | 4.5" wide x 7.5" tall, vertical |
| <input type="checkbox"/> Half Page | \$1,000 | 4.5" wide x 3.65" tall, horizontal |
| <input type="checkbox"/> Quarter Page | \$ 750 | 2.125" wide x 3.64" tall, vertical |
| <input type="checkbox"/> Eighth Page | \$ 500 | 4.5" wide x .75" tall, horizontal |
| <input type="checkbox"/> Tribute Listing | \$ 50 | |
| <input type="checkbox"/> In Honor of _____ | | |
| <input type="checkbox"/> In Memory of _____ | | |

Email ads in PDF format to 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: _____