



Join Event Sponsors Joy & Lee Luedtke, with friends of the Cooper Care Alliance Team, as we celebrate The Center for LGBTQ+ Health at Cooper University Health Care.

**Friday,  
June 30, 2023**

5:30 P.M. – 9:30 P.M.

**The Long Beach Island  
Foundation of Arts + Sciences**

120 Long Beach Blvd.  
Loveladies, NJ 08008

**Featuring**

Food by Black Eyed Susan's  
The Barrel Mobile Bar • Oyster Cart  
DJ Entertainment

**For questions or additional  
information email**

[cooper-foundation@cooperhealth.edu](mailto:cooper-foundation@cooperhealth.edu)

**The Cooper Foundation**

101 Haddon Ave., Suite 302  
Camden, NJ 08103  
856.342.2222



**EVENT REGISTRATION**

Name: \_\_\_\_\_  
 Organization: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Mobile #: \_\_\_\_\_ Email: \_\_\_\_\_

**SPONSORSHIP OPPORTUNITIES**

- Cocktail Party Sponsor** **\$25,000**  
20 tickets, special event recognition, name/logo on website & social media, Logo on display at The Center for LGBTQ+ Health for 2023/24.
- Entertainment Sponsor** **\$15,000**  
12 tickets, special event recognition, name/logo on website & social media, Logo on display at The Center for LGBTQ+ Health for 2023/24.
- Sunset Sponsor** **\$10,000**  
10 tickets, special event recognition, name/logo on website & social media, Logo on display at The Center for LGBTQ+ Health for 2023/24.
- On the Bay Sponsor** **\$ 5,000**  
6 tickets, name/logo on website, Logo on display at The Center for LGBTQ+ Health for 2023/24.
- Dunes Sponsor** **\$ 2,500**  
4 tickets, name/logo on website
- Down the Shore Benefactor** **\$ 1,000**  
2 tickets, name/logo on website

**TICKETS & DONATIONS**

**TICKETS**

- \_\_\_\_\_  
# of tickets at \$250 each
- Young Professionals Rate \_\_\_\_\_  
# of tickets at \$150 each (under 30 years of age)

**DONATION**

I wish to make a donation of \$ \_\_\_\_\_

**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: \_\_\_\_\_

