

2025 PARTNERSHIP OPPORTUNITIES



WEDNESDAY | JUNE 11 • 6:00 PM COLLINGSWOOD GRAND BALLROOM, COLLINGSWOOD, NJ

At Cooper, we understand that everyone has unique health care needs that should be met with care and provided in a safe and welcoming environment. All proceeds will support efforts to address the health care challenges faced by the LGBTQ+ community.

TITLE SPONSOR **\$25,000**

- 14 Tickets
- Website and Social Media Listings
- Signage and Event Recognition
- Recognition in The Center for LGBTQ+ Health

VITALITY SPONSOR **\$15,000**

- 10 Tickets
- Website and Social Media Listings
- Signage and Event Recognition
- Recognition in The Center for LGBTQ+ Health

WELLNESS SPONSOR **\$10,000**

- 8 Tickets
- Website and Social Media Listings
- Event Signage

HEALTH SPONSOR **\$5,000**

- 6 Tickets
- Website and Social Media Listings
- Event Signage

COMMUNITY SPONSOR **\$2,500**

- 4 Tickets
- Website and Social Media Listings

BENEFACTOR **\$1,000**

- 2 tickets
- Listing on website

INDIVIDUAL TICKET **\$175**

- 1 ticket



Register and pay online.

Alternatively, complete your details on the form and email to Tara Elk:
elk-tara@CooperHealth.edu

REGISTRATION FORM

Please provide all information exactly as it should appear on event and recognition materials.
Return to elk-tara@cooperhealth.edu no later than May 28, 2025

SPONSORSHIP LEVELS

- Title Sponsor - \$25,000
- Vitality Sponsor - \$15,000
- Wellness Sponsor - \$10,000
- Health Sponsor - \$5,000
- Community Sponsor - \$2,500
- Benefactor - \$1,000

SPONSORSHIP LOGO

- YES, I will provide a logo.
- NO, I do not have a logo.
Please use a text graphic for my sponsorship.

ADDITIONAL OPTIONS

- Individual Ticket - \$175 # of tickets _____
- I/we cannot attend the event but would like to make a **donation** in the amount of \$ _____

CONTACT INFORMATION

- Corporate Personal

ORGANIZATION

PRIMARY CONTACT

PHONE

E-MAIL

ADDRESS

CITY

STATE

ZIP CODE

PAYMENT INFORMATION

CHOOSE A PAYMENT METHOD

- Check Enclosed**
Make checks payable to
"The Cooper Foundation"
- Please Invoice**
- Charge Credit Card Below**
 - MASTER CARD VISA
 - DISCOVER AMEX
- Payroll Deduction**
Cooper Employees Only

CARD #

EXPIRATION DATE

CVV

CHARGE AMOUNT

NAME ON CARD

AUTHORIZED SIGNATURE

DATE

BILLING ADDRESS (IF DIFFERENT THAN ABOVE)

CITY

STATE

ZIP CODE

PAYROLL DEDUCTION

COOPER EMPLOYEE SIGNATURE

COOPER EMPLOYEE #