

# Please Lend Us Your Support



## TWO RIVERS ANTIQUES AND ART SHOW & GARDEN TOUR

*To Benefit The Jacqueline M. Wilentz Comprehensive Breast Center at Monmouth Medical Center*

### Underwriting Opportunities

- Presenting Underwriter (3 opportunities at \$10,000) ..... \$10,000
- ~~Event Journal Underwriter~~ ..... **RESERVED**
- Event Brochure and Tickets Underwriter ..... \$8,000
- Invitation Underwriter ..... \$6,000
- Party Underwriters (Total 4 Underwriters)..... \$5,000 each
- ~~Promotional Mailing Underwriter~~ ..... **RESERVED**

### Sponsorship Opportunities

- Platinum Sponsor (s)..... \$10,000-\$12,500
- Gold Sponsor (s)..... \$5,300-\$7,500
- Silver Sponsor (s) ..... \$3,200-\$5,000
- Bronze Sponsor (s) ..... \$2,200-\$2,700
- Life Circle Sponsor (s)..... \$1,500-\$1,800
- Garden/Booth Sponsor (s) ..... \$750
- Patron (s)..... \$500
- Supporter (s) ..... \$250
- Friend (s)..... \$100

**Please fill out completely (type or print neatly)**

Name/Organization (please print exactly as you wish it to appear in ALL listings) \_\_\_\_\_ Contact Person \_\_\_\_\_

Address/City/State/Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

I agree to purchase an ad and/or sponsorship at the above marked level.

Signature \_\_\_\_\_

My Payment is enclosed. Make your checks payable to MMCF (Monmouth Medical Center Foundation)

Charge (check one)     Visa     Mastercard     Amex     Discover

Yes, I work for a matching gift company. I will submit for the company's match.

Card Number \_\_\_\_\_ Expiration date \_\_\_\_\_

Name on card \_\_\_\_\_ Signature \_\_\_\_\_

Solicitation Contact \_\_\_\_\_

Please return this form and payment information to:

Monmouth Medical Center Foundation

An affiliate of the Saint Barnabas Health Care System

300 Second Avenue, Long Branch, NJ 07740 • 732-923-6886 • Fax 732-923-6898 • [www.tworivershow.org](http://www.tworivershow.org)

Tax ID Number 22-2456079



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## October 14 ~ October 16, 2011

### Program Book Opportunities

**Reserve your space NOW! - Deadline is Friday, June 30, 2011**

- Full Page (4.5" x 7.5") . . . . . \$325
- Half Page (4.5" x 3.625") . . . . . \$175
- Quarter Page/Business Card (2.25" x 3.625") . . . . . \$90

**Please enclose your copy, message and/or photo as would like it to appear in the Journal.**

**Photos are for FULL PAGE ADS ONLY.**

**Complimentary typesetting is available. Faxes cannot be used as camera-ready copy.**

**All ads should be congratulatory in nature and are fully tax-deductible.**

- Attached is my camera-ready artwork
- Use last year's ad **with changes**
- Photo enclosed
- Typeset Copy- Message enclosed
- Repeat last year's ad
- Copy will be sent via email (jpeg, pdf or Word file) Preferred Method

**Email files to: [enitis@sbhcs.com](mailto:enitis@sbhcs.com)**

**Please fill out completely (type or print neatly)**

\_\_\_\_\_  
Name/Organization (please print exactly as you wish it to appear in ALL listings) Contact Person

\_\_\_\_\_  
Address/City/State/Zip

\_\_\_\_\_  
Phone Fax Email

I agree to purchase an ad and/or sponsorship at the above marked level.

\_\_\_\_\_  
Signature

- My Payment is enclosed. Make your checks payable to MMCF (Monmouth Medical Center Foundation)
- Charge (check one)     Visa     Mastercard     Amex     Discover

Card Number \_\_\_\_\_ Expiration date \_\_\_\_\_

Name on card \_\_\_\_\_ Signature \_\_\_\_\_

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