

2021 DOMESTIC VIOLENCE AWARENESS MONTH Sponsorship Form



OCTOBER 12
CANDLELIGHT VIGIL
 6:15 p.m. Van Saun Park, Paramus

OCTOBER 30
WALK TOGETHER AGAINST DOMESTIC VIOLENCE
 9:30 a.m. Registration, 10 a.m. Walk
 Van Saun Park, Paramus

Sponsorship Opportunities

\$5,000 TOGETHER IN STRENGTH *Tax-deductible: \$4,500*

- Free Walk registration for up to 20 individuals
- Premier logo placement on our website and signage at the Walk
- Presenting Sponsor recognition email blasts, press release, social media
- Social Media highlight
- Complimentary vendor table at the Walk

\$2,500 TOGETHER IN HEALING *Tax-deductible: \$2,250*

- Free Walk registration for up to 10 individuals
- Logo recognition on our website, press releases, and signage at the Walk
- Sponsor recognition on email blasts, press release, social media
- Complimentary vendor table at the Walk

\$1,000 TOGETHER IN EMPOWERMENT *Tax-deductible: \$875*

- Free Walk registration for up to 5 individuals
- Name recognition on our website, press releases, and signage at the Walk
- Sponsor recognition on email blasts, press release, social media
- Complimentary vendor table at the Walk

\$500 TOGETHER IN COMMUNITY *Tax-deductible: \$450*

- Free Walk registration for 2 individuals
- Name recognition at the Walk
- Sponsor recognition on email blasts, press release, social media

Individual Tickets

WALK TOGETHER TO END DOMESTIC VIOLENCE (\$25/WALKER)
 Children 5 and under are free
 Qty _____ x \$25 = \$ _____

CANDLELIGHT VIGIL (FREE)
 Qty _____

VENDOR TABLE (\$100) *Fully tax-deductible.* Space for one (1) 6' table at Van Saun Park at the October 30th Walk Together Against Domestic Violence.

DONATION I am unable to attend, but wish to make a fully tax-deductible contribution of \$ _____.

Payment Options PLEASE RESPOND BY SEPTEMBER 30, 2021

Name: _____ Email: _____ Phone: _____
 Company: _____ Title: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Names of Walkers: _____

MORE INFO ONLINE AT:
hopeandsafetynj.org/domestic-violence-awareness-month/

Enclosed is my check made payable to Center for Hope and Safety \$ _____.
 Please charge my credit card \$ _____

RETURN THIS FORM WITH PAYMENT TO:

Center for Hope and Safety
 12 Overlook Avenue, Rochelle Park, NJ 07662

ellen@hopeandsafetynj.org • 201-527-6207

Credit Card Number: _____ Exp: _____ Sec: _____

Name on Card: _____ Zip: _____