



8th Annual

WALK TOGETHER Against Domestic Violence

Saturday, October 28, 2023, 10:00 a.m.
Van Saun Park, Paramus NJ



SPONSORSHIP

☐ \$5,000 TOGETHER IN STRENGTH (\$4,500 tax-deductible)

- Free Walk registration for up to 20 individuals (*list walkers on page 2*)
- Premier logo placement on our website and signage at the Walk
- Presenting Sponsor recognition in all promotional materials
- Dedicated social media highlight
- Complimentary vendor table at the Walk

☐ \$1,000 TOGETHER IN EMPOWERMENT (\$875 tax-deductible)

- Free Walk registration for up to 5 individuals (*list walkers on page 2*)
- Logo placement on our website and signage at the Walk
- Sponsor recognition in all promotional materials
- Social media highlight
- Complimentary vendor table at the Walk

☐ \$2,500 TOGETHER IN HEALING (\$2,250 tax-deductible)

- Free Walk registration for up to 10 individuals (*list walkers on page 2*)
- Logo placement on our website and signage at the Walk
- Sponsor recognition in all promotional materials
- Dedicated social media highlight
- Complimentary vendor table at the Walk

☐ \$500 TOGETHER IN COMMUNITY (\$450 tax-deductible)

- Free Walk registration for 2 individuals (*list walkers on page 2*)
- Logo placement on our website and signage at the Walk
- Sponsor recognition in all promotional materials
- Social media highlight

INDIVIDUAL TICKETS

☐ INDIVIDUAL WALKER (\$30/Walker)

- Children 5 and under are free
- Quantity _____ x \$30 = \$ _____

Names of Walkers: _____

VENDOR TABLE

☐ (\$100 fully tax-deductible)

- Space for one table.
- Great opportunity to promote your business!

DONATION

☐ \$ _____

Schedule:

9:30 a.m. Check-In/Onsite Registration
10:00 a.m. Opening Remarks
10:15 a.m. Walk Begins
11:30 a.m. Music & Vendors

Location:

Van Saun Park, **Parking Lot #9**
216 Forest Avenue, Paramus NJ 07652

To register online, scan the QR code below or visit
www.hopeandsafetynj.org/walk-together-against-domestic-violence

CONTACT INFORMATION

Name: _____

Email: _____ Phone: _____

Company: _____ Title: _____

Address: _____ City: _____ State: _____ Zip: _____

PAYMENT INFORMATION

Enclosed is my check made payable to **Center for Hope & Safety** in the amount of \$ _____

I authorize you to charge my credit card \$ _____

Name on card: _____

Credit Card # _____

Sec. Code: _____ Exp: _____ Zip Code: _____



Want to fundraise as a team? Need additional information?

Check our website or contact Ellen McGuire at ellen@hopeandsafetynj.org or (201) 527-6207.



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Against Domestic Violence

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NAMES OF WALKERS PARTICIPATING:

SPONSOR/COMPANY/ORGANIZATION: _____

WALKER'S NAME: _____

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WALKER'S NAME: _____

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