



THURSDAY
September 15th
6PM - 10PM















21 and over please

Benefiting Bright Harbor Healthcare

DRIFTERS, SEASIDE HEIGHTS

SPONSORSHIP and AD JOURNAL DETAILS

Please submit completed form with payment **NO LATER THAN FRIDAY, AUGUST 19th** to:
OCEANCARES FOUNDATION • ATTN:ENDLESS SUMMER • 218 MAIN ST, NJ 08753

SPONSORSHIP LEVELS	Beacon of Light \$2,500+	Direct Support \$1,500+	Crest of Care \$500+
Complimentary tickets and special reserved seating at the event	SIX	FOUR	TWO
Top billing and recognition as "Corporate Partner" in all related media			
Company logo included on event invitation			
Company logo included on promotional event poster			
Company logo on all event signage			NAME
Sponsor recognition in event press release and all related media			
Sponsor recognition on our website	DIRECT LINK	LOGO	NAME
Special placement in ad journal	FULL PAGE	FULL PAGE	HALF PAGE
Recognition as "Featured Sponsor" on signage throughout the venue	STAGE	DINNER TABLES	DESSERT BAR
Recognition on social media channels			

Ad Journal

COVER AD	\$750	<3 available>	5.5W x 8.5H
CENTER AD	\$500	<2 available>	5.5W x 8.5H
FULL PAGE AD	\$250	<N/A>	5.5W x 8.5H
HALF PAGE AD	\$100	<N/A>	5.5W x 4.5H

In-Kind Donation

In-kind gifts, donations or discounts of goods or services instead of cash gifts are a great way to help us for the Silent Auction.

To make an in-kind donation please contact:
 Lisa at 732-269-4849 x612.

Thank You!

Questions? Please Contact Lisa Mulhearn at
lmulhearn@brightharbor.org or
 call 732-269-4849x612

BrightHarbor.org

All donations are tax deductible to the extent allowed by law
 Tax ID# 27-2910333



THURSDAY
 September 15th
 6PM - 10PM
 \$50 PER PERSON

21 and over please

Benefiting Bright Harbor Healthcare

DRIFTERS, SEASIDE HEIGHTS

SPONSORSHIP and AD JOURNAL FORM

Please submit completed form with payment **NO LATER THAN FRIDAY, AUGUST 19th** to:
OCEANCARES FOUNDATION ● ATTN:ENDLESS SUMMER ● 218 Main St. Toms River, NJ 08753

SPONSORSHIP LEVEL

- Beacon of Light \$2,500+ <6Seats>
- Direct Support \$1,500+ <4Seats>
- Crest of Care \$500+ <2Seats>

AD JOURNAL

- COVER AD \$ 750 <3 available>
- CENTER AD \$500 <2 available>
- FULL PAGE AD \$250
- HALF PAGE AD \$100

SPONSORSHIP INFORMATION

Company: _____
 Name: _____
 Address: _____
 City, State, Zip: _____
 Email: _____
 Phone: _____

PAYMENT OPTION

Enclosed is a non-refundable check in the amount of \$_____ made payable to the OceanCares Foundation.

I am unable to participate this year, but please accept my donation of \$_____ to help OceanCares and the consumers of Bright Harbor Healthcare.

Please Charge my

VISA Mastercard Discover AMEX

for the amount of \$ _____

CC CSC

Exp.

Signature _____

Questions? Please Contact Lisa Mulhearn at
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 call 732-269-4849x612

BrightHarbor.org

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 Tax ID# 27-2910333