

Visions of Spring

An Evening of Music and Inspiration

VISION LOSS ALLIANCE OF NEW JERSEY SIGNATURE FUNDRAISING EVENT

The Mansion at Mountain Lakes
Thursday, April 24, 2025 at 6:30PM

Support this important event and gain exposure in the following ways:

DIAMOND SPONSOR: \$10,000

- VIP Table of Ten
- Full front inside cover page ad in event journal with recognition as our diamond sponsor
- Name, logo, and company link prominently featured on all press materials, VLANJ website and social media platforms
- Recognition and company link to be featured on VLANJ social media platforms
- Advertisement in the VLANJ newsletter, published semi-annually
- Recognition at the Visions of Spring 2025 event

PLATINUM SPONSOR: \$5,000

- Six Event Tickets
- Full page ad in event journal with recognition as our platinum sponsor
- Name and company link on VLANJ website and social media platforms
- Recognition at the Visions of Spring 2025 event

GOLD SPONSOR- \$2,500

- Four event tickets
- Full page ad in event journal with recognition as our gold sponsor
- Name and company link on VLANJ website and social media platforms
- Recognition at the Visions of Spring 2025 event

SILVER SPONSOR: \$1,000

- Two event tickets
- Half page ad in event journal with recognition as our silver sponsor
- Name and company link on VLANJ website and social media platforms
- Recognition at the Visions of Spring 2025 event

PARTNER SPONSOR: \$500

- One event ticket
- Quarter page ad in event journal with recognition as our partner sponsor
- Name and company link on VLANJ website and social media platforms
- Recognition at the Visions of Spring 2025 event

EVENT JOURNAL

Full Page (5" x 8") - \$600

Half Page (5" x 3.25") - \$300

Student Sponsor - \$250 (Please consider sponsoring a student to attend the event. The student will receive a special invitation from you and your business will be recognized in the event journal with a business card ad).

****Artwork for Journal Ads may be submitted to jsantosuosso@vlanj.org by April 1, 2025.****

PLEASE PROVIDE THE FOLLOWING INFORMATION

NAME: _____ COMPANY NAME: _____

ADDRESS: _____

TELEPHONE: _____ FAX: _____ E-MAIL: _____

PAYMENT OPTIONS

CHECK MADE PAYABLE TO VISION LOSS ALLIANCE OF NEW JERSEY

CREDIT CARD: Visa MC AMEX

CARD NUMBER: _____ EXP DATE: _____ SECURITY CODE: _____

SIGNATURE: _____

PLEASE RETURN COMPLETED FORM TO

Jennifer Santosuosso, Development Assistant

For questions or more information please contact: jsantosuosso@vlanj.org or call (973) 627-0055, Ext. 8

Vision Loss Alliance of New Jersey

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