

## 20<sup>th</sup> Annual C. Edward McCracken Festival of Lights



Saturday, November 19, 2011  
Children's Activities – 4:30 pm  
Community Reception – 5:30 pm  
Tree Lighting – 6:30 pm

**Fountain Sponsor** **\$1,800**

Most prominent sponsorship to decorate Fountain Area.

- 8 Tickets to donor reception; name/logo on website; listed on banner in Fountain area for one month; listed in media releases; listed on lobby banner for one year; full page ad in program.

**Children's Tent Sponsor** **\$1,500**

Sponsor the Children's Activities Tent!

- 6 tickets to donor reception; listed on banner in Children's Tent; name/logo on website; listed in media releases; listed on lobby banner for one year; full page ad in program.

**Holiday Wreath Sponsor** **\$1,275**

Sponsor a large holiday wreath!

- 4 tickets to donor reception; listed on banner in Emergency Room; listed on website; listed in media releases; listed on lobby banner for one year; half page ad in program.

**Illuminator** **\$1,000**

Sponsor a light display!

- 4 tickets to donor reception; name on website; listed in media releases; listed on lobby banner for one year; half page ad in program.

**Douglas Fir** **\$750**

Provide lighting of the trees along the medical center driveway.

- 2 tickets to donor reception; name on website; listed on lobby banner for one year; quarter page ad in program.

**Children's Activity Sponsors** **\$500**

Help offset the costs of materials and supplies used for children's activities.

- 2 tickets to donor reception; names listed on inside of tent; listed on website; listed on lobby banner for one year; listed in program.

**Norway Spruce** **\$500**

Provide lighting for trees on medical center campus.

- 2 tickets to donor reception; name listed on website; name listed on lobby banner for one year; listed in program.

**Scotch Pine** **\$300**

- Listed on lobby banner for one year and listed in program.

***Return this form by September 19, 2011 – (Fax Number: 973-579-8972)***

Please include me as a \_\_\_\_\_ Sponsor. Enclosed you will find my payment of \$\_\_\_\_\_ Check/Credit

Credit Card: \_\_\_ Visa \_\_\_ MC \_\_\_ AMX Other \_\_\_ No. \_\_\_\_\_ Exp. \_\_\_\_\_

Company \_\_\_\_\_ Contact Name \_\_\_\_\_  
(As it should appear in all media.)

Address \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

Authorizing Signature \_\_\_\_\_

Please make your check payable to NMC Foundation and return this form to:  
Newton Medical Center Foundation, 175 High Street, Newton, New Jersey 07860