



YMCA of METUCHEN, EDISON, WOODBRIDGE AND SOUTH AMBOY

ANNUAL DINNER

May 8, 2025, Pines Manor, Edison, NJ

HONORING

John P. Dowd

Charles S. Edgar Memorial Award

Rekha Parthasarathy

Barnes Community Champion Award

Costello-Runyon Funeral Home

Community Partner Award

SPONSORSHIP FORM

In support of the YMCA's Financial Assistance Program ensuring all individuals have access to the programs and services of the YMCA

___ **EVENT SPONSOR:** \$10,000

- Customizable Package

___ **PLATINUM SPONSOR:** \$5,000

- On stage sponsor recognition
- Exclusive Sponsor banner
- Premium seating for ten (10)
- Full screen ad in virtual journal
- Sponsor logo on all event materials and event web page

___ **GOLD SPONSOR:** \$2,500

- Exclusive Sponsor banner at event
- Preferred seating for eight (8)
- Full screen ad in virtual journal
- Sponsor logo on all event materials and event web page

___ Full Screen Ad: \$500

___ Half Screen Ad: \$250

___ Listing of Support: \$150

___ Individual Ticket: \$90 Please reserve ___ tickets.

___ **SILVER SPONSOR:** \$1,500

- Banner Recognition
- Seating for six (6)
- Half screen ad in virtual journal
- Sponsor logo on event materials and event web page

___ **BRONZE SPONSOR:** \$1,000

- Banner Recognition
- Seating for four (4)
- Half screen ad in virtual journal
- Sponsor logo on event materials and event web page

___ **COMMUNITY SPONSOR:** \$500

- Banner Recognition
- Seating for two (2)
- Listing in virtual journal
- Sponsor name on event posters

___ **FRIEND SPONSOR:** \$275

- One (1) guest ticket
- Listing in virtual journal
- Sponsor name on event posters

___ I/We are unable to attend. Please accept my tax-deductible donation of \$_____.

NAME: _____

COMPANY NAME: _____

ADDRESS: _____

EMAIL: _____

PHONE: _____

PAYMENT INFORMATION

___ My check is enclosed (payable to YMCA of MEWSA)

Make your gift online at www.ymcaofmews.org/dinner

For further information or to give a gift by phone contact Elizabeth Bennett at 732-516-2087 or email elizabeth.bennett@ymcaofmews.org.

TO PAY BY CREDIT CARD

___ Card on File ___ Visa ___ MC ___ AMEX ___ DISC

CARD NUMBER _____ EXP DATE _____

NAME ON CARD _____ CVV _____

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