

2022 Night of Hope

BENEFITTING THE NATIONAL KIDNEY FOUNDATION

Thursday, March 10 - 6:00PM

SPONSORSHIP OPPORTUNITIES

VISIONARY- \$20,000

- Premier seating for 30 guests
- Verbal and logo/listing recognition during ceremony
- Logo included in all promotional materials
- One email highlighting your organization's support
- One social media post
- Front inside cover full page ad in printed program

HERO- \$10,000

- Preferred seating for 16 guests
- Verbal and logo/listing recognition during ceremony
- Logo included in all promotional materials
- One social media post
- Full page ad in printed program

LEADER - \$5,000

- Seating for 10 guests
- Verbal and logo/listing recognition during ceremony
- Logo included in all promotional materials
- One social media post
- Half page ad in printed program

DONOR - \$2,500

- Seating for 8 guests
- Logo/listing recognition during the ceremony
- Logo included in all promotional materials

EXHIBITOR OPPORTUNITIES

ADVOCATE - \$5,000

- Table in the reception area
- Four tickets
- Corporate logo on signage
- One promotional email to event attendees
- Full-page ad in the printed program

SUPPORTER - \$2,500

- Table in the reception area
- Two tickets
- Corporate logo on signage
- One promotional email to event attendees

PRINTED PROGRAM ADS

FULL PAGE - \$500

7 1/2" X 10"

HALF PAGE - \$250

7 1/2" x 4 3/4"

INDIVIDUAL TICKETS - \$175

GENERAL DONATION

I/We regretfully cannot attend, but would like to make a contribution of \$_____ to maximize National Kidney Foundations resources to aid it's efforts to provide free resources for kidney patients and their families.

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COMMITMENT FORM

PLEASE REPLY BY FEBRUARY 1, 2022 TO BE LISTED IN PRINTED PROGRAM.

Sponsorship

Visionary: \$20,000
 Hero: \$10,000
 Leader: \$5,000
 Donor: \$2,500

Exhibitors

Advocate: \$5,000
 Leader: \$2,500

Ticket

Per ticket \$175

Digital Ads

Full Page: \$500
 Half Page: \$250

CONTACT INFO

Name: _____

Company: _____

Address: _____

City/State/Zip: _____

Phone: _____

Email: _____

Additional Contact: _____

Phone _____

Email: _____

PAYMENT METHOD

CHECK: May be made payable to: National Kidney Foundation and mailed to:
National Kidney Foundation, ATTN: Marcia Hilditch, 3000 Whitney Ave. #121, Hamden CT 06518.

CARD: AmEx MasterCard Visa Amount: _____

Card #: _____ Expiration Date: _____ CVV: _____

Signature required for credit card: _____

FOR FURTHER INFORMATION CONTACT

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