

NJ Walks for TS in North Jersey

SPONSORSHIP

NEW JERSEY



WALKS FOR TS

The NJ Center for Tourette Syndrome and Associated Disorders, Inc. (NJCTS) is proud to announce the next NJ Walks for TS event which will take place on Saturday, November 18, 2017, at Overpeck Park. The focus of this family fun run/walk event is to promote awareness, acceptance, action, and advocacy of TS, which affects an estimated 1 in every 100 people.

The NJ Walks for TS program supports NJCTS Education Outreach which delivers professional trainings to educators and healthcare providers, anti-bullying and youth leadership workshops. To help make this event a complete success, we are asking local businesses, corporations, organizations, and individuals to participate in one of the following levels of sponsorship.

Sponsor Benefit	\$5,000 Title Sponsor	\$3,000 Presenting	\$2,500 Gold	\$1,500 Silver	\$1,000 Bronze	\$500 Supporter	\$250 Friend
Company name and logo on event website	■	■	■	■	■	■	■
Company name and logo on walk t-shirt	■	■	■	■	■	■	
Press release announcing Sponsorship	■	■	■	■	■		
Company name and logo on all promotional materials	■	■	■	■			
Company logo prominently featured and verbal recognition at event	■	■	■				
Display table at event	■	■					
Speaking opportunity at event	■						



NJ Center for Tourette Syndrome
AND ASSOCIATED DISORDERS, INC.
The nation's first Center of Excellence for Tourette Syndrome

NJCTS.org



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Sponsorship Confirmation Form

Yes! We will support the 2017 NJ Walks for TS in North Jersey by selecting the sponsorship opportunity below:

- | | | | |
|-------------------------------------|---------|------------------------------------|---------|
| <input type="checkbox"/> Title | \$5,000 | <input type="checkbox"/> Bronze | \$1,000 |
| <input type="checkbox"/> Presenting | \$3,000 | <input type="checkbox"/> Supporter | \$500 |
| <input type="checkbox"/> Gold | \$2,500 | <input type="checkbox"/> Friend | \$250 |
| <input type="checkbox"/> Silver | \$1,500 | <input type="checkbox"/> Donor | \$_____ |

Company Name: _____

Contact Name: _____

Address: _____

City: _____ State: _____ Zip _____

Phone: _____ Fax: _____ Website: _____

Email Address: _____

For guaranteed inclusion of company name and logo on printed materials, please return form by October 1, 2017.

- Check enclosed (please make payable to NJCTS)
 Please charge my Discover Visa MasterCard American Express

Account Number: _____

Expiration Date: _____ Security Code: _____

Name on Card: _____

Street Address: _____

City: _____ State: _____ Zip _____

Cardholder's Signature: _____

Mail or fax your completed form to:

NJ Center for Tourette Syndrome
& Associated Disorders, Inc.
50 Division Street, Suite 205, Somerville, NJ 08876
Phone: 908-575-7350 Fax: 908-575-8699