

About The Valley Hospital NICU Family Support Program:

Since 2018, The Valley Hospital's Neonatal Intensive Care Unit (NICU) has incorporated the practice of Family Support and Nurture Care to promote a family-centered approach to enhance the standard of care for infants and families. Today, The Valley Hospital is the only hospital in the Tristate area incorporating this care paradigm as a standard of care in the NICU.

CAMP NICU June 1, 2025 Sponsorship Opportunities

	Event Sponsor	Platinum Sponsor	Activity Sponsor	Friends of NICU Sponsor
	\$5,000	\$3,000	\$1,500	\$1,000
Company logo on Foundation Website and Communications	✓	✓	✓	✓
Company logo on all screens at event	✓	√	√	✓
Company logo on poster at registration tables	✓	✓	Company name listed under "Activity Sponsor" on poster	
Recognition at event	✓	✓	✓	✓
Recognition by sponsor level on social media	✓	√	✓	✓
Tickets to Event	10	6	4	0
Company name on all printed communications (INCLUDING invitation provided	✓	✓	√	√
we get early commitment)				
Community outreach recognizing company as sponsor	√			
Large banner in event space highlighting Company's logo	√			

Donations are tax-deductible to the extent allowable by law. Please retain this letter for tax purposes. Information filed with the Attorney General concerning this charitable solicitation and the percentage of contributions received by the charity during

the last reporting period that were dedicated to the charitable purpose may be obtained from the Attorney General of the State of New Jersey by calling 973-504-6215 and is available on the internet at http://www.state.nj.us/lps/ca/charfrm.htm Registration with the Attorney General does not imply endorsement.

Please check the Corporate Sp	onsorship package of yo	our choice:		
\square I would like to become	an EVENT SPONSOR for	÷5,000		
☐ I would like to become	a PLATINUM SPONSOR	for \$3,000		
☐ I would like to become	an ACTIVITY SPONSOR	for \$1,500		
☐ I would like to become	a FRIEND OF NICU SPOI	NSOR for \$1,000*		
*Helps to support fami	lies that cannot commit	to purchasing tickets, b	out would like to a	attend.
I am unable to be a sponsor. P	lease accept my 100% ta	ax-deductible donation	of \$	
CONTACT INFORMATION				
Name:				
Address:				
City, State, Zip:				
Phone:	Email:			
METHOD OF PAYMENT				
Total Amount: \$	Circle one:	American Express	Master Card	Visa
Card Number:	Expiration Date: _	Security Code:		_
Signature:				
Enclosed is a check in the amou	ınt of: \$			
Make checks payable to "The V	'alley Hospital Foundatio	on" and send to:		
The Valley Hospital Foundation	, Attn: Sandy Carapezza			
4 Valley Health Plaza	, ,			
Paramus. NJ 07652				

Please note this form must be received BY MAY 19, 2025

For any questions, contact Sandy Carapezza: <u>acarape@valleyhealth.com</u> or 201-291-6300. The Valley Hospital Foundation is a not-for-profit organization with 501(c)3 tax status ID <u>22-2324-554</u>.