



# Josephine's Place

## TOGETHER WE RISE

Every Woman. Every Story. Every Future.



THURSDAY, NOVEMBER 6, 2025 • 6 PM  
AT HANOVER MANOR • EAST HANOVER, NJ

## SPONSORSHIP OPPORTUNITY FORM

### TICKETS & TABLES

☐ Individual Ticket \_\_\_\_\_ # of Tickets \$200  
Tax deduction portion of each ticket is \$110

☐ Table of Ten \$1,800

### SPONSORSHIP OPPORTUNITIES

☐ Premier Sponsor  
25 Tickets/Two Tables + Additional Seating \$15,000  
PPT Message during Event + Lead Position in Social Media  
Platinum Page Advertisement in Ad Journal

☐ Celebration Sponsor  
20 Tickets/Two Tables \$10,000  
PPT Message during Event  
Gold Page Advertisement in Ad Journal + Social Media

☐ Cocktail Reception Sponsor  
10 Tickets/One Table \$7,500  
PPT Message during Event  
Gold Page Advertisement in Ad Journal + Social Media

☐ Empowerment Sponsor  
5 Tickets \$5,000  
PPT Message during Event  
Silver Page Advertisement in Ad Journal + Social Media

☐ Silent Auction Sponsor  
3 Tickets \$3,500  
PPT Message during Event  
Silver Page Advertisement in Ad Journal + Social Media

☐ Volunteer Sponsor  
2 Tickets \$2,500  
PPT Message during Event  
Full Page Advertisement in Ad Journal + Social Media

☐ Women 4 Women Sponsor  
1 Ticket \$1,000  
Half Page Advertisement in Ad Journal + Social Media

### AD JOURNAL

☐ Outside Back Cover \$2,750

☐ Inside Front Cover \$2,200

☐ Inside Back Cover \$2,200

☐ Platinum Page \$1,250

☐ Gold Page \$1,100

☐ Silver Page \$750

☐ Full Page \$500

☐ Half Page \$250

☐ Quarter Page \$100

☐ Booster Line \$25

**All artwork and requests must be submitted by  
October 22, 2025**

Please submit artwork by email to  
Racheal Torniyenu at [r.torniyenu@josephinesplace.org](mailto:r.torniyenu@josephinesplace.org)

☐ I will submit my own artwork by October 22, 2025

☐ I wish to have artwork created on my behalf

### ANY QUESTIONS?

Contact **Sheila Casey** at 908-436-0099 or at  
[sheila.casey@josephinesplace.org](mailto:sheila.casey@josephinesplace.org)

### CONTACT INFORMATION

### DONATIONS

Company Name: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

☐ Silent Auction Donation: \$ \_\_\_\_\_ .00  
Please share the value if you are sharing an item

☐ I wish to make a 100% tax-deductible  
contribution of: \$ \_\_\_\_\_ .00

### PAYMENT OPTIONS

☐ PAY BY CREDIT CARD ON FORM

☐ PAY BY CHECK

TOTAL AMOUNT DUE: \$ \_\_\_\_\_ .00

Please scan here



[JPFall2025.givesmart.com](http://JPFall2025.givesmart.com)  
to register and make your  
payment online.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Credit Card #: \_\_\_\_\_

Security Code: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ / \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Make Checks Payable to:  
**Josephine's Place**  
622 Elizabeth Avenue  
Elizabeth NJ 07206