

SIGNATURE EVENTS

Gala Saturday, April 25, 2026 | Pier Sixty, Chelsea Piers, New York

Golf Classic Monday, June 8, 2026 | The Ridgewood Country Club

The Fader Family Walk for Awareness October 2026 | Overpeck County Park Amphitheater

As **Englewood Health Foundation Caduceus Society Sponsors**, your generosity helps save lives and strengthen the future of healthcare at Englewood Health. Together, we make the highest level of care possible for every patient we serve.

| Chairman's Circle | Diamond Circle | Platinum Circle | Silver Circle | Bronze Circle |
|--|--|---|--|--|
| \$100,000 | \$50,000 | \$30,000 | \$18,000 | \$10,000 |
| Gala Benefits 20 Guests 6 VIP Reception Tickets Presenting Sponsor Recognition 2-page Spread in e-Journal | Gala Benefits 16 Guests Diamond Page in e-Journal | Gala Benefits 12 Guests Platinum Page in e-Journal | Gala Benefits 6 Guests Silver Page in e-Journal | Gala Benefits 4 Guests Bronze Page in e-Journal |
| Golf Benefits 2 Foursomes 4 Tee Sponsorships | Golf Benefits 2 Foursomes 3 Tee Sponsorships | Golf Benefits 1 Foursome 2 Tee Sponsorships | Golf Benefits 1 Foursome 2 Tee Sponsorships | Golf Benefits 2 Golfers 1 Tee Sponsorship |
| Walk Benefits Leader Sponsor | Walk Benefits Leader Sponsor | Walk Benefits Champion Sponsor | Walk Benefits Champion Sponsor | Walk Benefits Advocate Sponsor |

Sponsorship opportunities for our signature events are limited and fill quickly, particularly the **Golf Classic**. We encourage you to secure your place early.

Name: _____ Company: _____

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Email: _____ Daytime Phone: _____

I want to support the Englewood Health Foundation as a Caduceus Society sponsor. My gift of \$ _____ will be made in 2026 at the following level:

Chairman's Circle • \$100,000 Diamond Circle • \$50,000 Platinum Circle • \$30,000 Silver Circle • \$18,000 Bronze Circle • \$10,000

My check payable to Englewood Health Foundation is enclosed.

Please charge my gift to: Visa Mastercard Discover Amex

Card Number: _____ Exp. Date: _____ Sec. Code: _____

Name on Card: _____ Signature: _____ Date: _____

I/We would like my/our gift recognized and printed as follows (e.g., Mr. and Mrs. John Smith): _____

Please complete this electronic form and return to:

Englewood Health Foundation

350 Engle Street | Englewood, NJ 07631

Attn: Caduceus Society

or Email Sandra.Sgambati@ehmhealth.org

For more information, please call 201.894.3725.

ENGLEWOOD HEALTH
FOUNDATION