

Caduceus Society

TOGETHER, WE WILL SAVE LIVES.

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 Sunday, October 25, 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: _____

Address: _____ City: _____ State: _____ Zip: _____

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