



**Brain Injury  
Alliance**  
NEW JERSEY

20<sup>th</sup> ANNUAL  
*Gala*  
A LEGACY OF RESILIENCE  
45 YEARS STRONG

WEDNESDAY, MARCH 25, 2026 | 6:00-8:30 PM | CRYSTAL PLAZA, LIVINGSTON, NJ

## *Sponsorship Opportunities*

Legacy \$20,000 Premium Table for 12	Full color premium page in program Logo on BIANJ website + all event marketing Name included in all event publicity Event signage
Visionary \$15,000 Premium Table for 10	Full color page in program Logo on BIANJ website + all event marketing Name included in all event publicity Event signage
Champion \$10,000 Premium Table for 10	Full black and white page in program Logo on BIANJ website + all event marketing Name included in all event publicity Event signage
Giver of Hope \$5,000 8 Tickets	Full black and white page in program Name on BIANJ website + all event marketing Event signage
Inspiration \$2,500   4 Tickets	Half black and white page in program Name on BIANJ website
Advocate \$1,000   2 Tickets	Listing in program Name on BIANJ website
Community \$500   1 Ticket	Listing in program Name on BIANJ website
Survivor Shoutout \$50	Acknowledgement of loved one in program Maximum 25 words

## *Program Ads*

All ads in black and white.

Please email your ad in PDF or EPS format to [gala@bianj.org](mailto:gala@bianj.org)

Full Page \$1,000  
(8.5" H x 5.5" W)

Half Page \$500  
(4.25" H x 5.5" W)

Quarter Page \$250  
(4.25" H x 2.75" W)

*Tickets*    \$295 per person

# 2026 Honorees

BARBARA YOUNG

Distinguished  
Champion for  
Advocacy Award

DIANA STARACE

Distinguished  
Champion of Injury  
Prevention Award

JOHN INDYK

Distinguished  
Champion  
of Leadership Award

## Payment Details

- Legacy Sponsor | \$20,000
- Survivor Shoutout | \$50
- Visionary Sponsor | \$15,000
- Full Page Ad | \$1,000
- Champion Sponsor | \$10,000
- Half Page Ad | \$500
- Giver of Hope Sponsor | \$5,000
- Quarter Page Ad | \$250
- Inspiration Sponsor | \$2,500
- \_\_\_\_\_ # Ticket(s) | \$295 per person
- Advocate Sponsor | \$1,000
- Donation \$ \_\_\_\_\_
- Community Sponsor | \$500

Check Enclosed For \$ \_\_\_\_\_

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

Company: \_\_\_\_\_

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

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

*Kindly Respond by March 1, 2026*



TO PAY BY CREDIT CARD  
Scan QR code or  
visit  
[support.bianj.org/gala2026](https://support.bianj.org/gala2026)  
for online payment options.

FOR ADDITIONAL INFORMATION  
Email [gala@bianj.org](mailto:gala@bianj.org) or call 732-745-0200.

PROGRAM ADS  
Please send as a PDF or EPS file to [gala@bianj.org](mailto:gala@bianj.org)

MAIL

Please return this form and payment to:

Brain Injury Alliance of New Jersey  
825 Georges Rd, 2nd Floor, North Brunswick, NJ, 08902