



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

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

- | | |
|--|---|
| <input type="checkbox"/> Legacy Sponsor \$20,000 | <input type="checkbox"/> Survivor Shoutout \$50 |
| <input type="checkbox"/> Visionary Sponsor \$15,000 | <input type="checkbox"/> Full Page Ad \$1,000 |
| <input type="checkbox"/> Champion Sponsor \$10,000 | <input type="checkbox"/> Half Page Ad \$500 |
| <input type="checkbox"/> Giver of Hope Sponsor \$5,000 | <input type="checkbox"/> Quarter Page Ad \$250 |
| <input type="checkbox"/> Inspiration Sponsor \$2,500 | <input type="checkbox"/> _____ # Ticket(s) \$295 per person |
| <input type="checkbox"/> Advocate Sponsor \$1,000 | <input type="checkbox"/> Donation \$ _____ |
| <input type="checkbox"/> 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
for online payment options.

FOR ADDITIONAL INFORMATION
Email gala@bianj.org or call 732-745-0200.

PROGRAM ADS
Please send as a PDF or EPS file to 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