



**Caregiver Volunteers  
of Central Jersey  
Presents**

*Dancing With  
Their Stars*

**September 30, 2026**

**6:00-10:00 pm**



**Sponsorship Opportunities**

**Event Ballroom Sponsor: *Exclusive***

**\$10,000**

- Tickets for 12 guests
- Full page color digital ad night of the event
- Logo and name on all print materials including event publicity, Caregiver's DWTS webpage linked to your website & social media
- Press Release/Recognition on Radio
- Signage night of event
- Signature drink

**Respite Care Sponsor:**

**\$7,500**

- Tickets for 8 guests
- Full page color digital ad night of the event
- Recognition on Caregiver's DWTS webpage linked to your website & social media
- Signage night of event
- Full page color ad in bi-annual newsletter (Print/Digital)

**Medical Transportation Sponsor:**

**\$5,000**

- Tickets for 6 guests
- Full page color digital ad night of the event
- Recognition on Caregiver's DWTS webpage linked to your website & social media
- Signage night of event
- Half page color ad in bi-annual newsletter (Digital)

**Caregiver Canines® Sponsor:**

**\$3,000**

- Tickets for 2 guests
- Half page color digital ad night of the event
- Recognition on Caregiver's DWTS webpage linked to your website & social media
- Signage night of event
- Quarter page ad in bi-Annual newsletter (Digital)

**Digital Ad Journal:**

- Full page color digital ad **\$1,000**
- Half page color digital ad **\$500**
- Quarter page color digital ad **\$250**

To reserve your sponsorship visit [cvcj.org/DWTS](http://cvcj.org/DWTS) or contact Gina or Linda at [events@cvcj.org](mailto:events@cvcj.org) or call 732-505-2273, ext. 224.

# Sponsorship/Ad Response Form

**Company Name:** \_\_\_\_\_

**Contact Name:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_

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

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Company Facebook Page:** \_\_\_\_\_

## Payment Information:

- For online purchase go to: [cvcj.org/DWTS](http://cvcj.org/DWTS)
- For payment by check:

**Indicate sponsorship/ad purchased:** \_\_\_\_\_

Enclosed is a check in the amount of \$\_\_\_\_\_, Payable to Caregiver Volunteers.

Please send me an invoice for the amount of the sponsorship/ad.

## Please return form to:

Attn: Gina Picconi

## Caregiver Volunteers of Central Jersey

201 Hooper Avenue, First Floor, North Suite  
Toms River, NJ 08753

**For questions contact Gina or Linda at 732-505-2273, ext. 224  
or email at [events@cvcj.org](mailto:events@cvcj.org)**