

HACKENSACK UNIVERSITY MEDICAL CENTER FOUNDATION AND  
THE RUN FOR SUE COMMITTEE PRESENT THE 7<sup>TH</sup> ANNUAL

**Susan Zabransky Hughes Memorial 5K Run/Walk**

**USATF Certified & Sanctioned Grand Prix Event 5K Run**  
**Saturday, April 28, 2018**

Sponsorships available at [HackensackUMC.org/donate](http://HackensackUMC.org/donate) or by mail using this form.

\*Sponsorships must be received by April 7, 2018 to guarantee signage on Race day.

*Goal for 2018: To award two deserving medical students scholarships at the new **Seton Hall-Hackensack Meridian School of Medicine**, ensuring that Susan's legacy continues to impact the lives of patients and their families in years to come. The run will also continue to fund a riding program at **Pony Power Therapies** in Mahwah, NJ for pediatric patients treated at the **Joseph M. Sanzari Children's Hospital** at Hackensack University Medical Center.*

**PLEASE FILL OUT AND RETURN WITH PAYMENT.**

- |                                               |          |                                                    |         |
|-----------------------------------------------|----------|----------------------------------------------------|---------|
| <input type="checkbox"/> Title Sponsorship    | \$25,000 | <input type="checkbox"/> Bronze Sponsorship        | \$1,000 |
| <input type="checkbox"/> Platinum Sponsorship | \$10,000 | <input type="checkbox"/> Water Station Sponsorship | \$500   |
| <input type="checkbox"/> Gold Sponsorship     | \$5,000  | <input type="checkbox"/> Supporting Sponsorship    | \$250   |
| <input type="checkbox"/> Silver Sponsorship   | \$2,500  |                                                    |         |
- Remembrance Path: Make a donation of **\$100** to honor or remember someone special. Each name will appear on a laminated placard along the Remembrance Path on Race day.     **Honor**    or     **Remember**

Name of person: \_\_\_\_\_ How you'd like your name to appear: \_\_\_\_\_

**Make checks payable to:**  
HackensackUMC Foundation  
(Memo: 5k Run)  
Addressed to:  
HackensackUMC Foundation  
160 Essex Street, Suite 101,  
Lodi, NJ 07644

Company Name: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Enclosed is a check in the amount of \$ \_\_\_\_\_ Charge my credit card in the amount of \$ \_\_\_\_\_

- AMEX     Visa     MasterCard     Discover

Credit card number                       Exp. date \_\_\_\_\_ / \_\_\_\_\_

Name on credit card: \_\_\_\_\_ Signature \_\_\_\_\_

**Hackensack University Medical Center Foundation • 160 Essex Street, Suite 101, Lodi, NJ 07644**  
**[HackensackUMC.org/Donate](http://HackensackUMC.org/Donate)**  
**Danielle Binn 551-996-3451 • [danielle.binn@hackensackmeridian.org](mailto:danielle.binn@hackensackmeridian.org)**

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