



# The Neighborhood House

CONNECT. HOPE. HEAL.

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Dear Friends,

We hope this message finds you well. As we prepare for the Taps and Apps Fundraiser, we are reaching out to invite you to join us in supporting a cause that is close to our hearts at the Neighborhood House of Long Island.

Our organization is dedicated to providing crucial support groups for individuals and families who are navigating the challenging journey of healing after a traumatic loss. The need for these services is greater than ever, and with your help, we can continue to offer a safe space where those affected can connect, hope, and heal.

We are seeking donations to help us sustain and expand these vital programs. Your generous sponsorship would not only allow us to continue our work but also ensure that no one has to face their grief alone. We offer a variety of sponsorship levels, each with opportunities for recognition and partnership throughout our fundraising efforts.

By partnering with us, you will be making a meaningful impact on the lives of those who need it most. We would be honored to have you as a sponsor and to work together towards helping to heal our community.

Thank you for considering this important opportunity to make a difference. Please feel free to contact us directly at 631-589-0055 or [info@tnh-hope.org](mailto:info@tnh-hope.org) if you have any questions or would like to discuss sponsorship options in more detail.

With sincere gratitude,

The Neighborhood House



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## TAPS & APPS FUNDRAISER SPONSORSHIP OPPORTUNITIES

### Event Sponsor - \$5,000

- Signage at the venues with opportunity to meet and greet attendees
- Recognition of company's name and logo as an Event Sponsor at the venues and on our website
- Eight [8] complimentary attendee tickets

### Neighborhood Sponsor - \$2,500

- Signage at the venues with opportunity to meet and greet attendees
- Recognition of company's name and logo as a Neighborhood Sponsor at the venues and on our website
- Six [6] complimentary attendee tickets

### Connect Sponsor - \$1,250

- Signage at the venues with opportunity to meet and greet attendees
- Recognition of company's name and logo as a Connect Sponsor at the venues and on our website
- Four [4] complimentary attendee tickets

### Hope Sponsor - \$750

- Signage at the venues with opportunity to meet and greet attendees
- Recognition of company's name and logo as a Hope Sponsor at the venues and on our website
- Two [2] complimentary attendee tickets

### Heal Sponsor - \$500

- Signage at the venues with opportunity to meet and greet attendees
- Recognition of company's name and logo as a Heal Sponsor at the venues and on our website
- Two [2] complimentary attendee tickets

### Giving Hand Sponsor - \$250

- Signage at the venue with opportunity to meet and greet attendees
- Recognition of company's name and logo as a Giving Hand Sponsor at the venues and on our website
- One [1] complimentary attendee ticket



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## TAPS & APPS FUNDRAISER SPONSORSHIP OPPORTUNITIES

**Logos:** Sponsors can submit company logo for use to: [info@tnh-hope.org](mailto:info@tnh-hope.org). Logos must be received as a high resolution .jpeg file or .png file to be included in the program by Friday, January 23, 2026.

**Method of Payment:** The Neighborhood House accepts checks or credit cards as methods of payment.

**Terms of Payment:** All sponsorships must be accompanied with payment.

- Online - Please visit [www.tnh-hope.org/sponsor](http://www.tnh-hope.org/sponsor) to pay online via credit card, PayPal, Apple Pay, or G Pay.
- Check or Credit Card - Please send application and payment to:  
The Neighborhood House of Long Island  
93 Main Street, Suite 1G  
West Sayville, NY 11796

### INFORMATION

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

Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_

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

\_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_ Website: \_\_\_\_\_

### SPONSORSHIP AND PAYMENT

Sponsorship Type:  Event  Neighborhood  Connect  Hope  Heal  Giving Hand

Payment Method:  Online  Check  Credit Card Amount: \$ \_\_\_\_\_

Cardholders Name [print]: \_\_\_\_\_

Card Number: \_\_\_\_\_

CCV: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Billing Zip Code: \_\_\_\_\_

Signature: \_\_\_\_\_

Email Address for Receipt: \_\_\_\_\_