



Friday, November 13, 2020
Virtual Gala

Contact: nancy@abreathofhope.org or brooke@abreathofhope.org

Website: www.abreathofhope.org

Sponsor Benefits	PRESENTING \$40,000 (One available)	DAZZLE \$25,000 (Six available)	SPECTACULAR \$10,000 (Six available)	DRAMATIC \$5,000 (Unlimited)	SHINING LIGHT \$2500 (Unlimited)
Full year on ABOHLF website through feature webpage with link to your business	X	X			
Name or logo on event communications: Mailed gala invitation, mailed newsletter, e-newsletter, event webpage, Facebook, Twitter, Instagram (more than 20,000 followers)	Name/logo on all	Name/logo on all	Name on all	Name on website and social media	Name on website
Opportunity to introduce celebrity emcee during virtual program	X	X			
Listed as sponsor of event activity	All activities	Shining Bright Award	Live Auction		
Complimentary registrations to virtual gala	20	15	10	8	5
Complimentary raffle entries (total)	15	10	8	5	2
Your own chat room at end of event for up to 15 people—ABOH will provide custom invitations for you to invite your friends and family	X	X	X	X	
Name or logo displayed in virtual program.	Name/logo	Name/logo	Name	Name	Name
Recipient of the A Breath of Hope Shining Bright Gala Sponsor Award	X	X	X	X	
2021 A Breath of Hope Annual Report	Full-page insert	Half-page insert	Quarter page insert	Mention	Mention
Invitation to one exclusive 2021 Circle of Light donor event—post-Covid!	8 invites	6 invites	4 invites	2 invites	

Sponsorship Form

Please fill out the following form to confirm your sponsorship package. Completed forms can be returned to Brooke Miller at brooke@abreathofhope.org or mailed to PO Box 387, Wayzata MN 55391. Please contact Nancy Torrison at 952-807-6111 with questions about our sponsor program.

CONTACT INFORMATION:

Company Name

Contact Name

Contact Phone Number

Street Address

City/State/Zip

Contact E-mail Address

SELECT A SPONSORSHIP LEVEL:

_____ \$40,000 Presenting Sponsor (1 available)

_____ \$25,000 Dazzle Sponsor (6 available)

_____ \$10,000 Spectacular Sponsor (6 available)

_____ \$5,000 Dramatic Sponsor (Unlimited)

_____ \$2,500 Shining Light Sponsor (unlimited)

PAYMENT INFORMATION:

_____ I have enclosed a check made payable to
A Breath of Hope Lung Foundation

_____ Please send me an invoice

_____ Please charge my credit card

(Circle one) Visa MC AmEx

Credit Card Number

Expiration Date

Security Code



YOUR SUPPORT IS TAX DEDUCTIBLE

A Breath of Hope Lung Foundation is a 501(c)(3) tax exempt organization and is proud to meet all standards of the Charities Review Council. All donations are tax deductible to the full extent of the law.

THANK YOU FOR SUPPORTING A BREATH OF HOPE LUNG FOUNDATION

Once we've received your completed sponsorship form, we will contact you to further discuss event arrangements, sponsorship benefits and recognition. Please send your high-resolution color and black and white logos or family photo (JPG, .EPS or vector preferred) to brooke@abreathofhope.org.

Sponsorship Total: _____ Signature: _____ Date: _____