

Sponsorship Form

Please fill out the following form to confirm your chosen sponsorship package. Completed forms can be returned to Nancy Torrison, Executive Director at Nancy@abreathofhope.org or mailed to PO Box 387, Wayzata MN 55391. Please contact Nancy at 952-807-6111 with any questions.

CONTACT INFORMATION:

Company Name

Contact Name

Contact Phone Number

Street Address

Contact E-mail Address

City/State/Zip

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 Table Host (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

Credit Card Number

Expiration Date

Security Code

(Circle one) Visa MC AmEx



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 extend of the law. Note for DAF payments: Due to new IRS requirements, sponsors who make their payment made through a donor advised fund cannot accept any material benefits for that sponsorship, including tickets to the event due to the meals included with tickets.

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 (.EPS or vector preferred) to lindsay@abreathofhope.org on or before **November 5** for event signage and program inclusion.

Sponsorship Total: _____ Signature: _____ Date: _____