



# A Breath of Hope

## LUNG FOUNDATION

# FIGHT LUNG CANCER TOGETHER

Saturday, February 26, 2022  
8 - 11 a.m.

**Estero Community Park, Estero, FL**

5K run or walk, featuring collectible t-shirts, music, prizes, snacks, kids' activities, patient resources, updates from a leading oncologist, a chance to honor or remember your loved one and more!

**Sponsor and Event Communications: Nancy Torrison** - [nancy@abreathofhope.org](mailto:nancy@abreathofhope.org), 952-807-6111,  
PO Box 387, Wayzata, MN 55391





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<b>SPONSOR BENEFIT</b>	<b>TITLE \$20,000 (One available)</b>	<b>PLATINUM \$10,000 (Three Available)</b>	<b>GOLD \$5,000 (Unlimited)</b>	<b>SILVER \$2,500 (Unlimited)</b>	<b>BRONZE \$1,000 (Unlimited)</b>
<b>Inclusion in Florida media outreach (radio, TV, press release, etc.)</b>	Yes	Yes			
<b>Opportunity for representative to participate or be recognized in program</b>	Participate	Participate	Recognized	Recognized	Recognized
<b>Name/logo in ABOHLF e-mail blasts to over 10,000 people</b>	All	All	3x	2x	1x
<b>Complimentary race registration(s)/t-shirt(s)</b>	8	5	4	3	2
<b>Booth/display space at event</b>	Two 6' Tables	One 6' Table	One 6' Table	One 6' Table	One 6' Table
<b>Event day signage</b>	Individual Sign	Individual Sign	Individual Sign	Group Sign	Group Sign
<b>T-shirt advertising (all participants receive t-shirts)</b>	Back: Logo	Back: Logo	Back: Logo	Back: Name	Back: Name
<b>Recognition on A Breath of Hope website— Event Page and/or Donation Page—linked to your website</b>	Both Pages	Both Pages	Event Page	Event Page	Event Page
<b>Recognition on social media</b>	Yes	Yes	Yes	Yes	Yes

# Sponsorship Form

Please fill out the following form to confirm your chosen sponsorship package. Completed forms can be returned to Executive Director, Nancy Torrison at [nancy@abreathofhope.org](mailto: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

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City/State/Zip

\_\_\_\_\_  
Contact Name

\_\_\_\_\_  
Contact Phone Number

\_\_\_\_\_  
Contact E-mail Address

## SELECT A SPONSORSHIP LEVEL:

\_\_\_\_\_ \$20,000 Title Sponsor (1 available)

\_\_\_\_\_ \$10,000 Diamond Sponsor (3 available)

\_\_\_\_\_ \$5,000 Platinum Sponsor (unlimited)

\_\_\_\_\_ \$2,500 Gold Sponsor (unlimited)

\_\_\_\_\_ \$1,000 Silver 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

\_\_\_\_\_  
Credit Card Number

\_\_\_\_\_  
Expiration Date

\_\_\_\_\_  
Security Code

(Circle one) Visa MC AmEx



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## 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 (.jpg or .png preferred) to [jennifer@abreathofhope.org](mailto:jennifer@abreathofhope.org) by **February 3** for t-shirt inclusion.

Sponsorship Total: \_\_\_\_\_

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

Date: \_\_\_\_\_