



SPONSOR BENEFITS

Friday, November 11, 2022

Renaissance Minneapolis Hotel, The Depot
Minneapolis, Minnesota

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SPONSOR BENEFIT	DAZZLE \$25,000 (One available)	SPECTACULAR \$10,000 (Four Available)	DRAMATIC \$5,000 (Four Available)	TABLE SPONSOR \$3,000 (Ten Available)
PRE-EVENT:				
Full year on ABOH website sponsor page with link to your website	Yes			
Name or logo on event communications: E-Newsletter, event webpage, Facebook, Twitter, Instagram	Name/logo on all	Name on website and social media	Name on website	
AT EVENT:				
Hotel accommodations at event hotel for the evening of the event	4	2	1	
Opportunity to introduce event emcee on-stage	Yes			
Complimentary beverage tickets at the event	2 per guest	1 per guest	1 per guest	
Listed as a sponsor of activity at event	All activities	VIP happy hour and event	Wine wall	
Gala and dinner seating / table of 10	2 tables—Prime seating	1 table—Prime seating	1 table—Preferred seating	1 table—Preferred seating
Invitation for you and your guests to the VIP happy hour beginning at 5 PM	Yes	Yes	Yes	Yes
Name or logo on printed program	Name/logo	Name	Name	
Recipient of the ABOH Shining Bright Gala Sponsor Award	Yes	Yes	Yes	
POST EVENT:				
Ad / mention in 2022 ABOH Annual Report (ad to be provided by 1/31/23)	1/4 page ad	Mention	Mention	
Invitation to COL event (one in Fall, one in	4 invites	2 invites	2 invites	

Questions? Contact Nancy at 952-807-6111 or Nancy@abreathofhope.org

2022 Shining Bright Gala Sponsorship Form

Please fill out the following form to confirm your chosen sponsorship package. Completed forms can be returned to our event manager, Kate at Kate@abreathofhope.org or mailed to A Breath of Hope Lung Foundation, Attn: Sponsorship Dept, PO Box 387, Wayzata MN 55391. Questions - Call 952-807-6111.

CONTACT INFORMATION:

Company Name

Contact Name

Contact Phone Number

Street Address

Contact E-mail Address

City/State/Zip

SELECT A SPONSORSHIP LEVEL:

_____ \$25,000 Dazzle Sponsor (1 available)

_____ \$10,000 Spectacular Sponsor (4 available)

_____ \$5,000 Dramatic Sponsor (4 available)

_____ \$3,000 Table Sponsor (10 available)

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 extent of the law. Our EIN # is 30-0475578. *Per IRS guidelines, for every free gala table benefit you take advantage of, you must deduct \$xxx from your charitable gift total.*

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 to kate@abreathofhope.org on or before November 1 for event signage and program inclusion.

Sponsorship Total: _____ Signature: _____ Date: _____