

BENEFIT	PRESENTING \$25,000 (1 available)	TITLE \$10,000 (2 available)	DIAMOND \$5,000 (3 available)	PLATINUM HOLE \$2,500 (18 available)	GOLD HOLE \$1,000 (18 available)	SILVER HOLE \$500 (18 available)	BRONZE HOLE \$250 (18 available)
Your name in event title ("A Breath of Hope Golf Classic Presented by...")	Yes						
Name/Logo at Welcome Table	Yes						
Your name in monthly E-newsletter 7500 households	Yes	Yes	Yes				
Name/Logo in Annual Report	Yes	Yes	Yes				
Table/Display Space at Event	Yes	Yes	Yes	Yes			
Opportunity for company representative to be recognized during dinner	Speaking	Participate	Participate	Recognized	Recognized		
FREE Golf Registration(s) \$200 value each	8	6	4	2	1		
Recognition on Website	Name & Logo Link to your Site	Name & Logo Link to your Site	Name & Logo Link to your Site	Name & Logo	Name & Logo	Name	Name
Recognition in Printed Program	Name & Logo	Name & Logo	Name & Logo	Name & Logo	Name & Logo	Name	Name
Recognition on Facebook & Twitter	Name & Logo	Name & Logo	Name & Logo	Name & Logo	Name & Logo	Name	Name
Name/Logo or Photo on Event Signage	Clubhouse	Clubhouse	Clubhouse	Hole	Hole	Hole	Hole

2022 Golf Classic Sponsorship Form

Please fill out the following form to confirm your chosen sponsorship package for the June 13, 2022 A Breath of Hope Golf Classic at Rush Creek Golf Club Club, Maple Grove, MN. Completed forms can be returned to our event coordinator, Kate at: Kate@abreathofhope.org or mailed to A Breath of Hope Lung Foundation, Attn: Sponsorships Dept., PO Box 387, Wayzata, MN 55391. Questions? Call 952-807-6111.

CONTACT INFORMATION:

Company Name

Street Address

City/State/Zip

Contact Name

Contact Phone Number

Contact E-mail

SELECT A SPONSORSHIP LEVEL:

_____ \$25,000 Presenting Sponsor

_____ \$10,000 Title Event Sponsor

_____ \$5,000 Diamond Event Sponsor

_____ \$2,500 Platinum Hole Sponsor

_____ \$1,000 Gold Hole Sponsor

_____ \$500 Silver Hole Sponsor

_____ \$250 Bronze Hole Sponsor

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
(If you prefer to call in your card info, Contact us at 952-807-6511)

Credit Card Number _____

Expiration Date _____ Security Code _____

(Circle one) Visa MC AmEx



A Breath of Hope
LUNG FOUNDATION

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 or black and white logos, or a picture for signs to: kate@abreathofhope.org (high resolution PNG or JPG files preferred)

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 golf registration benefit you take advantage of, you must deduct \$170 from your charitable gift total.*

Sponsorship Total: \$ _____ **Signature:** _____ **Date:** _____