



# A Breath of Hope

## LUNG FOUNDATION

### FIGHTING LUNG CANCER TOGETHER

Saturday, February 25, 2023  
7 - 11 a.m.

Florida Gulf Coast University, Fort Myers, FL

We are excited for our beautiful new location this year! Join us for the 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!

**EVENT COMMUNICATIONS:** Kate Brinkman - [Kate@abreathofhope.org](mailto:Kate@abreathofhope.org), 952-807-3419

**EVENT SPONSORSHIPS:** Nancy Torrison - [Nancy@abreathofhope.org](mailto:Nancy@abreathofhope.org), 952-807-6111

ABOH Mailing Address: PO Box 387, Wayzata, MN 55391





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<b>SPONSOR BENEFIT</b>	<b>TITLE</b> <b>\$20,000</b> (One available)	<b>PLATINUM</b> <b>\$10,000</b> (Three Available)	<b>GOLD</b> <b>\$5,000</b> (Unlimited)	<b>SILVER</b> <b>\$2,500</b> (Unlimited)	<b>BRONZE</b> <b>\$1,000</b> (Unlimited)	<b>FRIEND</b> <b>\$500</b> (Unlimited)
<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 registrations &amp; t-shirts</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	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	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	Event Page
<b>Recognition on social media</b>	Yes	Yes	Yes	Yes	Yes	Yes

# 2023 Sponsorship Form

Please fill out the following form to confirm your chosen sponsorship package. Return this completed form to [Kate@abreathofhope.org](mailto:Kate@abreathofhope.org) or mail to ABOHLF, PO Box 387, Wayzata, MN 55391. Questions about custom benefit packages or sponsoring more than one event? Contact Nancy Torrison at [Nancy@abreathofhope.org](mailto:Nancy@abreathofhope.org), or call 952-807-6111.



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## CONTACT INFORMATION:

\_\_\_\_\_  
Company Name

\_\_\_\_\_  
Contact Name & Title

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

\_\_\_\_\_  
Address

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

\_\_\_\_\_  
Email address

## SELECT A SPONSORSHIP LEVEL:

\_\_\_\_\_ \$20,000 Diamond Sponsor

\_\_\_\_\_ \$10,000 Platinum Sponsor

\_\_\_\_\_ \$5,000 Gold Sponsor

\_\_\_\_\_ \$2,500 Silver Sponsor

\_\_\_\_\_ \$1,000 Bronze Sponsor

\_\_\_\_\_ \$500 Friends

## PAYMENT INFORMATION:

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

\_\_\_\_\_ Please send me an invoice at \_\_\_\_\_

\_\_\_\_\_ Please charge my credit card # \_\_\_\_\_

\_\_\_\_\_  
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 as a best practice nonprofit. All donations are tax-deductible to the full extent allowed by law. Charitable deductions can vary depending on the goods and services (benefits) you take advantage of. Please contact our staff if you have any questions about the tax deductible portion of your gift. Payments made through donor-advised funds limit acceptance of goods or services, including free event registrations. Our EIN is 30-0475578.

## 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](mailto:kate@abreathofhope.org).

**Sponsorship Total Due:** \_\_\_\_\_ **Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_