



Sponsor/Exhibitor Benefit Chart

Monday, June 12, 2023 | 8 a.m. & 1 p.m.

Rush Creek Golf Course | Maple Grove

For more information: Nancy@abreathofhope.org | 952-807-6111 | www.abreathofhope.org

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	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

2023 Golf Classic Sponsor/Exhibitor Form

Please fill out the following form to confirm your chosen package. Completed forms can be returned to Kate Corona, event manager, at Kate@abreathofhope.org or mailed to ABOH, PO Box 387, Wayzata, MN 55391. Questions? Call Nancy at 952-807-6511.

CONTACT INFORMATION:

Company or Name

Contact Name

Contact Phone Number

Street Address

Contact E-mail Address

City/State/Zip

SELECT A LEVEL:

____ \$25,000 Presenting

____ \$10,000 Title

____ \$5,000 Diamond

____ \$2,500 Platinum Hole

____ \$1,000 Gold Hole

____ \$500 Silver Hole

____ \$250 Bronze Hole

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



**A Breath
of Hope**
LUNG FOUNDATION

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 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 event registrations.

THANK YOU FOR SUPPORTING A BREATH OF HOPE LUNG FOUNDATION

Once we've received your completed form, we will contact you to further discuss event arrangements, benefits and recognition. Please send your high-resolution color and black and white logos to Kate@abreathofhope.org.

Sponsor/Exhibitor Total: _____ **Signature:** _____ **Date:** _____