



# A Breath of Hope

## LUNG FOUNDATION

### LUNG RUN/WALK TWIN CITIES

Saturday, August 10, 2024  
7:30-11:30 a.m.

Lake Harriet Bandshell, Minneapolis



10K / 5K chip-timed run or 5K walk featuring collectible t-shirts, live music, prizes, snacks, kids' activities, patient resources, updates from a leading oncologist, an opportunity to honor or remember your loved one, and more!

Sponsor/Exhibitor Communications: [Nancy@abreathofhope.org](mailto:Nancy@abreathofhope.org), 952-807-6111

Event Communications: [Hannah@abreathofhope.org](mailto:Hannah@abreathofhope.org), 952-807-3419





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Saturday, August 10, 2024

7:30-11:30 a.m.

Lake Harriet Bandshell, Minneapolis, MN

<b>Benefits</b>	<b>PRESENTING \$35,000 (1 Available)</b>	<b>TITLE \$25,000 (2 Available)</b>	<b>DIAMOND \$15,000 (3 Available)</b>	<b>PLATINUM \$10,000 (6 Available)</b>	<b>GOLD \$5,000 (Unlimited)</b>	<b>SILVER \$2,500 (Unlimited)</b>	<b>BRONZE \$1,000 (Unlimited)</b>	<b>FRIENDS \$500 (Unlimited)</b>
<b>Your name in event title ("Lung Run/Walk Twin Cities Presented by...")</b>	Yes							
<b>Inclusion in local press release</b>	Yes	Yes						
<b>Sponsorship recognition and tickets at the Shining Bright Gala (November 2024)</b>	Dazzle 6 tickets	Spectacular 4 tickets						
<b>Sponsorship recognition at the Midwest Lung Cancer Summit (September 2024)</b>	Title	Gold	Silver					
<b>Your logo on our digital billboards in the Twin Cities for at least 1 week (July 2024 , 6/30 commitment deadline)</b>	Dedicated bill- board & logo for 4 weeks	Dedicated bill- board & logo for 3 weeks	2 ABOH boards for 3 weeks	2 ABOH boards for 2 weeks	ABOH board for 1 week			
<b>Advertisement in local newspaper(s)</b>	Logo	Logo	Logo	Name	Name	Name		
<b>Opportunity for representative to participate or be recognized in program on stage</b>	Participate	Participate	Recognized	Recognized	Recognized	Recognized		
<b>Logo or name in ABOH email blasts and social media (reaching 20,000+ people)</b>	Logo	Logo	Logo	Name	Name	Name	Name	
<b>Complimentary event registration(s) and t-shirt(s)</b>	10 people	8 people	6 people	5 people	4 people	3 people	2 people	1 person
<b>Registrations for an exclusive Doc Spot event featuring top researchers and oncology updates</b>	4 people	4 people	2 people	2 people	2 people	2 people	2 people	2 people
<b>Booth/table display space at event</b>	Exhibitor/ Sponsor Tent	Exhibitor/ Sponsor Tent	In Exhibitor/ Sponsor Tent	In Exhibitor/ Sponsor Tent	In Exhibitor/ Sponsor Tent	In Exhibitor/ Sponsor Tent	In Exhibitor/ Sponsor Tent	Materials in ABOHLF Tent
<b>Event day signage; signs along running/walking course</b>	Exclusive sign on stage and along course	Exclusive sign on stage	Exclusive sign on stage	Exclusive Sign in Village	Exclusive Sign in Village	Exclusive Sign in Village	On Sign in Village	On Sign in Village
<b>T-shirt advertising on all 1,500+ participants' t-shirts (7/18 commitment deadline)</b>	Front: Logo or Name	Back: Logo or Name	Back: Logo or Name	Back: Logo or Name	Back: Name	Back: Name	Back: Name	Back: Name
<b>Recognition on A Breath of Hope website</b>	Linked logo	Linked logo	Linked logo	Linked logo	Named	Named	Named	Named
<b>Right to use event logo for promotion of event and press release</b>	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes

# 2024 Lung Run/Walk Twin Cities Sponsor/Exhibitor Form

Please fill out the following form to confirm your chosen package. Completed forms can be returned to Hannah Branch, Event Manager, at [Hannah@abreathofhope.org](mailto:Hannah@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:

- \_\_\_\_ \$35,000 Presenting
- \_\_\_\_ \$25,000 Title
- \_\_\_\_ \$15,000 Diamond
- \_\_\_\_ \$10,000 Platinum
- \_\_\_\_ \$5,000 Gold
- \_\_\_\_ \$1,000 Bronze
- \_\_\_\_ \$500 Friends

## 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 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 [Hannah@abreathofhope.org](mailto:Hannah@abreathofhope.org) on or before May 13 for promo materials, June 30 for billboards, and July 19 for t-shirt inclusion.

**Sponsor/Exhibitor Total:** \_\_\_\_\_ **Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_