

2024 Women's Wellness Tea

Sponsor Benefit Chart

Rose Sponsor:

\$5,000

- Name/logo in program
- Social media acknowledgment (3x) - Facebook, Twitter, Instagram
- Live link to sponsor's home page on event website
- On-stage recognition; Opportunity to introduce a speaker
- On-stage signage (individual sign); Exhibit table at the venue
- Your business card, coupon, or small promo item shared with all attendees
- Two comped tables; 20 event registrations
- Rose bouquet for sponsor and each guest
- A charitable donation of \$4000 (if 16 tickets are used; \$25 charitable donation/seat)

Tulip Sponsor:

\$2,500

- Name/logo in program
- Social media acknowledgment (2x) - Facebook, Twitter, Instagram
- Live link to sponsor's home page on event website
- Recognition from stage
- On-stage signage (individual sign); Exhibit table at the venue
- Your business card, coupon, or small promo item shared with all attendees
- Up to 15 comped event registrations (one reserved table with five additional seats at closest table)
- You and your guests receive Tulips to take home
- A charitable donation of \$1750 (if 15 tickets are used; charitable donation is \$25/seat)

Daisy Sponsor:

\$1,000

- Social media acknowledgment (1x) - Facebook, Twitter, Instagram
- Name/logo on the event website
- Recognition from stage
- On-stage signage (group sign)
- One comped table; 10 event registrations
- A charitable donation of \$500 (if 10 tickets are used)

Please contact Nancy Torrison, Executive Director, with any questions about sponsorships at Nancy@abreathofhope.org

Saturday, May 11th, 2024
Golden Valley Country Club



A Breath of Hope
LUNG FOUNDATION

WOMEN'S WELLNESS TEA SPONSOR /EXHIBITOR BENEFITS FORM

Please fill out the following to confirm your participation at the **2024 Women's Wellness Tea on May 11th at the Golden Valley Country Club**. Completed forms can be returned to Nancy@abreathofhope.org. Please contact Nancy at 952-807-6111 or Nancy@abreathofhope.org with any questions.

CONTACT INFORMATION:

| | | |
|--------------------------|-------------------------------|---------------------------------|
| _____ Company or Name | _____ Street Address | _____ City/State/Zip |
| _____ Contact Name | _____ Contact Phone Number | _____ Contact E-mail Address |

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 CVC/Security Code

SELECT A LEVEL:

_____ Rose - \$5,000

_____ Tulip - \$2,500

_____ Daisy - \$1,000

**VISIT ABREATHOFHOPE.ORG/EVENTS
TO LEARN MORE ABOUT THE EVENT**



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.

THANK YOU FOR SUPPORTING A BREATH OF HOPE LUNG FOUNDATION

Once we've received your completed form or email confirmation, we will contact you to further discuss event arrangements, benefits and recognition.

Sponsor Total \$: _____ Signature: _____ Date: _____