

BENEFIT	DAZZLE \$25,000 (ONE AVAILABLE)	SPECTACULAR \$10,000 (FOUR AVAILABLE)	DRAMATIC \$5,000 (FOUR AVAILABLE)	TABLE SPONSOR \$3,000 (TWELVE AVAILABLE)
PRE-EVENT				
Link To Your Website on ABOH website for 1 year	✓			
Name/logo on event marketing (email, social media, & webpage)	Name/logo on all	Name on website & social media	Name on website	
AT EVENT				
Hotel stay on Nov. 8th at upscale downtown Minneapolis hotel	3 rooms	2 rooms	1 room	
Opportunity to introduce event emcee on-stage	✓			
Complimentary beverage tickets at the event	2 per guest	1 per guest	1 per guest	
Gala and dinner seating for a table of 10	3 tables - prime seating	2 tables - prime seating	1 table - preferred seating	1 table - preferred seating
Invite & drink ticket for you and your guests to the VIP Happy Hour at 5 PM	✓	✓	✓	✓
Name or logo printed on event program	Name/logo	Name	Name	
Recipient of the ABOH Shining Bright Gala Event Award	✓	✓	✓	
POST EVENT				
Ad/mention in 2024 ABOH Annual Report	1/4 page ad	Mention	Mention	
Invite to COL event(s)	6 invites	4 invites	4 invites	2 invites

SPECIALTY SPONSORS

Specialty Sponsor benefits are the same as Dramatic Sponsors (please refer to the chart on the left). Specialty Sponsors will also receive exclusive logo placement or name recognition within the activity space.

VIP Lounge - \$5,000

Photo booth - \$5,000



Questions? Contact Nancy at 952-807-6111 or Nancy@abreathofhope.org

2024 Shining Bright Gala Sponsor 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 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 Dazzle

____ \$10,000 Spectacular

____ \$5,000 Dramatic

____ \$3,000 Table 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

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.

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