

Friday, November 8th, 2024 | Minneapolis Event Center

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	\checkmark						
Name/logo on event marketing (email, social media, & website)	Name/logo on all	Name on website & social media	Name on website				
AT EVENT							
Opportunity to introduce event emcee on-stage	\checkmark						
Complimentary beverage tickets at the event	2 per guest	1 per guest	1 per guest				
Gala and dinner seating for a table of 10	2 tables - prime seating	l table prime seating	1 table - preferred seating	l table - preferred seating			
Invite & drink ticket for you and your guests to the VIP Happy Hour at 5 PM	\checkmark	~	\checkmark	\checkmark			
Name/logo on event program and signage (10/23 deadline)	Name/logo	Name	Name				
Recognition on Hero Banner	\checkmark	\checkmark	\checkmark				
POST EVENT							
Recognition in 2024 ABOH Annual Report	1/4 page ad	Name listed	Name listed				
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.

> /IP Happy Hour - \$5,000 Photo Booth - \$5,000 Wine Wall - \$5,000

ADVOCACY SPONSOR

\$5,000 (three sponsorships available) Purchase a table for five patients/survivors and their guests. ABOH will invite five active lung cancer patients/survivors who are making a difference in the lung cancer field. You, as payor for this sponsorship, will be recognized in event materials, signage, and ABOH's Annual Report.

PHYSICIAN SPECIAL

\$1,500 (5 seats) or \$3,000 (10 seats) Provider Circle seating + additional benefits Email emma@abreathofhope.org to learn more.

EARLY BIRD SPONSOR SPECIAL

EXTRA BENEFITS! Purchase your \$3,000 or \$5,000 table by September 4, 2024 and you will receive the benefits of the next level up. Email emma@abreathofhope.org or call 952-405-9201 to learn more.

2024 Shining Bright Gala Sponsor Form

Please complete this form to confirm your desired sponsor package. Return the completed form by email to emma@abreathofhope.org or mail it to A Breath of Hope Lung Foundation, PO Box 387, Wayzata, MN 55391. Questions? Call our office at 952-405-9201.

CONTACT INFORMATION:

Company or Name	Contact Name	Contact Phone Number	
Street Address	Contact Email Address	City/State/Zip	
SELECT A LEVEL:	PAYMENT INFORMATION		
\$25,000 Dazzle	I have enclosed a check made payable to	A Breath of Hope	
\$10,000 Spectacular	A Breath of Hope Lung Foundation	LUNG FOUNDATION	
\$5,000 Dramatic		(Obinina.	
\$5,000 Specialty Sponsor	Please send me an invoice	Shinng	
\$5,000 Advocacy Sponsor	Please charge my credit card		
\$3,000 Table Sponsor		BRIGHI	
Physician Special	Credit Card Number	GALA EVENT	
	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.

Sp	onsor/Exhibitor	Total:	Signatu	ire:	