

NOVEMBER 7, 2025 GOLDEN VALLEY COUNTRY CLUB



| Benefits | Radiant (\$25,000) (1 available) | Luminous (\$10,000) (3 available) | Shimmer (\$5,000) (6 available) | Glowing (\$3,000) (10 available) | Physician's (\$2,500) (By Availability) |
|---|--|---|---------------------------------------|--|---|
| Introduce Emcee | X | | | | |
| Personalized slide in event slideshow (Due by 11/3) | X | X | | | |
| Choose your table neighbors (some conditions may apply) for benefits \$5,000+ (Due 10/30) | X | X | X | | |
| Name/Logo on group sign (Due by 10/30) | X | X | Name | | |
| Pre-Event: Name/Logo/Tagged on virtual marketing to 14,500 current subscribers | Name/Logo/Tagged | Name/Logo | Name | Name | Name |
| Pre-Event: Name/Logo/Linked Logo on website | Linked logo on website until event | Logo | Logo | Name | Name |
| Invitation to VIP Happy Hour (All Comped Guests) | X | X | X | X | X |
| Comped # of Tables (and Seats) | 2 tables; 20 guests; premium seating | 1 table; 10 guests; prime seating | 1 table; 10 guests; preferred seating | 1 table; 10 guests; sponsor seating | 1 table; 10 guests; Physician's Circle |
| Drink Tickets/Guests | 2/guest | 1/guest | 1/guest | 1/guest | 1/guest |
| Name/Logo on Event Program (Due by 10/22) | Logo | Logo | Logo | Name | Name |
| Tabling/Exhibiting (Due 10/30) | X | X | X | | |
| ABOH Swag: T-shirt or Exclusive Pin (1/Registrant) | X | X | X | X | X |
| Post-Event: Recognition in Annual Report | X | X | X | X | X |
| Physician's Benefits: Banner, Tabletop Signage, & Exclusive Seating | | | | | All Benefits Listed |



Early Bird Sponsorship Benefits:
Sponsor @ \$3000 or \$5000 By April 30, 2025 &
Receive the Next Level of Benefits



Specialty Sponsors - \$5,000 (Contact ABOH at info@abreathofhope.org). Opportunities include:
Advocacy; VIP Happy Hour; Photo Booth; Wine Wall, & More!

2025 Shining Bright Gala Sponsor/Exhibitor Form

Please fill out the following form to confirm your chosen package. Completed forms can be returned to A Breath of Hope's Team at emma@abreathofhope.org. Questions? Call 952-454-0648 or email emma@abreathofhope.org.

CONTACT INFORMATION:

Company or Name

Contact Name

Street Address

City/State/Zip

Contact Email Address

Contact Phone Number

SELECT A LEVEL:

____ \$25,000 Radiant

____ \$10,000 Luminous

____ \$3,000 Glowing

____ \$2,500 Physician's

____ \$5,000 Specialty

____ \$5,000 Early Bird

____ \$3,000 Early Bird

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 INFORMATION:

Credit Card #

Expiration Date

Security Code

Visa MC AmEx
(Circle One)



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; our EIN is 30-0475578. 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. Due dates for your high-resolution color and black and white logos are outlined in the sponsorship chart.

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