



Women's Wellness Tea: Empowered to Thrive

APRIL 26 AT RUSH CREEK GOLF CLUB

| Benefits | Flourish (\$5,000) (2 Available) | Cultivate (\$3,000) (3 Available) | Sow (\$1,500) (Unlimited Available) |
|--|-------------------------------------|--------------------------------------|--|
| | Announce Hat Contest winner | X | |
| Wellness bag for all guests at your table | X | | |
| Name/logo on event signage (Due by 04/17) | Name/Logo | Name/Logo | |
| Name/logo on print invite (Due by 02/01) | Name/Logo | Name/Logo | |
| Pre/Post Event: Meet-And-Greet with Female Providers: Any Question is a Good Question | X | X | |
| Post-Event Gift: Your guests take-home one mini bottle of Prosecco | X | X | |
| Pre-Event: Name/Logo on website | Name/Logo/Linked Logo | Name/Logo | Name |
| Feature on social media/newsletter/emails to over 14,500 subscribers (Due 04/01 for newsletter feature) | Name/Logo/Tagged (3+ times) | Name/Logo (2 times) | Name (1 time) |
| Name/logo (or group name) on program (Due by 04/17) | X | X | X |
| Table top signage with name of your choice (Ex. Organization name; Kathy's Party, Girl's Book Club, etc.) (Due by 04/24) | X | X | X |
| Free raffle tickets for one of three baskets (gift cards/gala tree, wellness basket, boozy basket) | 6 tickets/guest | 4 tickets/guest | 2 tickets/guest |
| Comped tables & registrants/one beautiful fresh flower per guest | 15 guests; front & center tables | 10 guests; front & center tables | 10 guests |
| Post-Event: Recognition in Annual Report | X | X | X |



All sponsors have the right to use event logo for promotion of event and press release. For any questions, including questions about charitable donation amount, please contact A Breath of Hope at info@abreathofhope.org.

2025 Women's Wellness Tea 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:

_____ \$5,000 Flourish

_____ \$3,000 Cultivate

_____ \$1,500 Sow

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)



A Breath of Hope
LUNG FOUNDATION

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. Please send our high-resolution color and black and white logos by the due dates above.

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