

# Day of Hope

**August 21, 2024**

Help deliver hope to local cancer patients.

**Yes, I want to support local cancer patients!**

Company (if applicable): \_\_\_\_\_

Primary contact: \_\_\_\_\_

Sponsorship name as you would like it to appear on sponsorship materials *(if different than above)*: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

## SPONSORSHIP DETAILS

### LEVELS

- Inspire Sponsorship . . . . . \$20,000
- Hope Sponsorship . . . . . \$10,000
- Dignity Sponsorship . . . . . \$5,000
- Justice Sponsorship . . . . . \$2,500
- Excellence Sponsorship . . . . . \$1,500

Deadline to reserve space is **June 30, 2024**.

Please submit logo by **June 30, 2024**.

Please submit all logos in PDF or JPEG format with no crop marks as full-color CMYK documents.

For questions, call 805.994.5482 or e-mail [Kalli.Leontini@dignityhealth.org](mailto:Kalli.Leontini@dignityhealth.org).

## PAYMENT

Total: \$ \_\_\_\_\_

Enclosed check made payable to AGCH Foundation

Card type:  Visa  Mastercard  Discover  AMX

Card no.: \_\_\_\_\_ Exp. date: \_\_\_\_\_

Name on card: \_\_\_\_\_

No, I will not be a sponsor for the 2024 Day of Hope; however, I would like to make a donation to support local cancer patients and families.

