

The 13th Annual Day of Hope

Delivering hope to our local patients with cancer.

Yes, I want to support local patients with cancer!

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: _____

Company Social Media Names (if applicable): _____

Sponsorship Details

LEVELS

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

No, I will not be a sponsor for Day of Hope 2026; however, I would like to make a donation of \$_____ to support local patients with cancer and their families.

Deadline to reserve space is **April 30, 2026**.

Please submit all logos in PDF, JPEG, or EPS format.

For questions, call 805.739.3595 or e-mail edwin.rodriguez900@commonspirit.org

EVENT PARTNERS

SANTA MARIA  TIMES



MISSION HOPE
CANCER CENTER



Dignity Health[®]
A member of CommonSpirit

Payment

Total: \$ _____

To give by credit card, you can do so safely using our NEW online portal. Scan this QR code or visit www.supportmarianmedical.org/sponsor

To pay by check, please make your check payable to Marian Foundation and include it with this complete sponsor form and mail to:

Marian Foundation, 1400 E. Church Street, Santa Maria, CA 93454

