

# 12<sup>th</sup> Annual Day of Hope

August 27, 2025

Delivering 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: \_\_\_\_\_

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

Deadline to reserve space is **April 30, 2025**.

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

For questions, call 805.739.3595 or e-mail [edwin.rodriguez900@commonspirit.org](mailto:edwin.rodriguez900@commonspirit.org).

### PAYMENT

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

☐ Enclosed check made payable to Marian Foundation

Card type: ☐ Visa ☐ Mastercard ☐ Discover ☐ Amex

Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Name on Card: \_\_\_\_\_

☐ No, I will not be a sponsor for the 2025 Day of Hope; however, I would like to make a donation to support local cancer patients and families.

 **Marian Regional  
Medical Center Foundation.**  
A Dignity Health Member

 **Arroyo Grande  
Community Hospital Foundation.**  
A Dignity Health Member

 **MISSION  
HOPE**  
CANCER CENTER

**SANTA MARIA**  **TIMES**