

# Day of Hope

**April 8, 2020**

Help deliver hope to local cancer patients.

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

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

Contact: \_\_\_\_\_

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

## Contact/Billing Details

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 **February 3.**

Please submit logo by **February 3.**

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

For questions, call 805.739.3595 or e-mail [Shelby.McLean@dignityhealth.org](mailto:Shelby.McLean@dignityhealth.org).

## PAYMENT

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

Enclosed check made payable to Marian Foundation

Card Type:  Visa  Mastercard

Card No.: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

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

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

No, I will not be a sponsor for the 2020 Day of Hope; however, I would like to make a donation to support local patients and families.

