

Day of Hope

August 17, 2022

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 **June 30**.

Please submit logo by **June 30**.

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 Bianca.Melendez@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 2022 Day of Hope; however, I would like to make a donation to support local patients and families.

