

Day of Hope

August 23, 2023

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)*:

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 JPEG
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 ☐ Discover ☐ AMX

☐ No, I will not be a sponsor for the 2023 Day of
Hope; however, I would like to make a donation
to support local cancer patients and families.

Card no.: _____ Exp. date: _____

Name on card: _____

