

Day of Hope

August 21, 2024

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)*: _____

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, 2024**.

Please submit logo by **June 30, 2024**.

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

Card no.: _____ Exp. date: _____

Name on card: _____

No, I will not be a sponsor for the 2024 Day of Hope; however, I would like to make a donation to support local cancer patients and families.

