



A YEAR OF HOPE 2011 CALENDAR SPONSORSHIP FORM



Company: _____

Contact: _____

Title: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Email Address: _____

Sponsorship Level:

- _____ Premier Sponsor (3): \$7,500
- _____ Monthly Sponsor (12): \$5,000
- _____ Hope Hints Sponsor: \$300
- _____ Business Coupons or Ads (12/page): \$250
- _____ Individual Sponsor: \$_____ (min \$100)
- _____ Celebration Day (730): \$25

PLEASE MAKE CHECK PAYABLE TO:
HOPE CHEST FOR BREAST CANCER
ATTN: RENEE
3850 SHORELINE DRIVE SOUTH
WAYZATA, MN 55391

Visa/MC # _____ Exp: _____

3 digit code: _____

Billing address _____

Signature _____

Need ASAP to Renee at rstark@hopchest.us:

- Company logo in vector .eps or hi-res (300 dpi) tiff file (if applicable for sponsorship level)
- Exact way company name should be listed
- Wording for company information (if applicable for sponsorship level)

*For more information on sponsorship details contact Renee: 952-471-8700, ext. 17
or EMAIL Renee at rstark@hopechest.us