

**Bridge Breast Network
"A Starry Night"**

SPONSOR FORM

September 28, 2019

Name as it should appear in the program:			
Mailing Address:			
Contact Person:		Phone:	
Email:			
Sponsor Levels and Ads			
<input type="checkbox"/> Presenting - \$20,000		<input type="checkbox"/> Audio/Visual - \$2,000	
<input type="checkbox"/> Gold /Hope Table - \$10,000		<input type="checkbox"/> Photo Booth - \$1,500	
<input type="checkbox"/> Silver - \$7,500		<input type="checkbox"/> Beverage Sponsor - \$1,500	
<input type="checkbox"/> Bronze - \$5,000		<input type="checkbox"/> Full Page Ad - \$250	
<input type="checkbox"/> Friend of The Bridge - \$2,500		<input type="checkbox"/> Half Page Ad - \$150	
<input type="checkbox"/> Pink Supporter - \$1,000		<input type="checkbox"/> In Honor of Ad - \$100	
<input type="checkbox"/> Early Bird Pink Supporter (<i>payment must be received by 7/15/19</i>) - \$875		Name: _____	
<input type="checkbox"/> Provider Supporter - \$500 <i>Available to Current BBN Medical Partners Only (Seating for 6)</i>		<input type="checkbox"/> In Memory of Ad - \$100	
		Name: _____	
Ad submissions must include payment, your message, camera ready artwork, picture and/or logo (if applicable). Submission deadline: September 13, 2019			
Payment Information			
Total Due: \$	<input type="checkbox"/> Check Enclosed (payable to Bridge Breast Network)		
Credit Card: <input type="checkbox"/> VISA <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express <input type="checkbox"/> Discover			
Name on Card:			
Card Number:			
Exp. Date:		Security Code (CVV)	
Signature:			