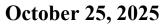


A Night with The Bridge "Carnival Style – Celebrating Hope and Survivorship"

SPONSOR FORM





Name as it should appear in	
the program:	
Mailing Address:	
Contact Person: Phone:	
Email:	
Sponsor Levels and Ads	
☐ Presenting - \$30,000	☐ Audio/Visual - \$2,000
☐ Gold /Hope Table - \$10,000	□ Photo Booth - \$1,500
□ Silver - \$7,500	☐ Beverage Sponsor - \$1,500
☐ Bronze - \$5,000	□ Full Page Ad - \$250
☐ Friend of The Bridge - \$2,500	☐ Half Page Ad - \$150
☐ Pink Supporter - \$1,200	☐ In Honor of Ad - \$100
☐ Provider Supporter - \$600 Available to Current BBN Medical Partners Only (Seating for 6)	Name:
☐ Sponsor a breast cancer survivor to attend the event @ \$100/ea. x = \$	☐ In Memory of Ad - \$100
	Name:
☐ I am unable to attend but would like to make a Monetary Donations of \$	
Ad submissions must include payment, your message, camera ready artwork, picture and/or logo (if applicable). Submission deadline: September 30, 2025	
Payment Information	
Total Due: \$ ☐ Check Enclosed (payable to Bridge Breast Network)	
Credit Card: □VISA □MasterCard □American Express □Discover	
Name on Card:	
Card Number:	
Exp. Date:	Security Code (CVV)
Signature:	