



*A Night with The Bridge*  
*“Carnival Style – Celebrating Hope and Survivorship”*

**SPONSOR FORM**

**October 25, 2025**



|  |          |  |  |
|--|----------|--|--|
| Name as it should appear in the program:   |          |  |  |
| Mailing Address:   |          |  |  |
| Contact Person:  |          | Phone:   |  |
| Email:   |          |  |  |
| <b>Sponsor Levels and Ads</b>  |          |  |  |
| <input type="checkbox"/> Presenting - \$30,000   |          | <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 - \$1,200  |          | <input type="checkbox"/> In Honor of Ad - \$100                            |  |
| <input type="checkbox"/> Provider Supporter - \$600<br><i>Available to Current BBN Medical Partners Only (Seating for 6)</i>   |          | Name: _____  |  |
| <input type="checkbox"/> Sponsor a breast cancer survivor to attend the event @ \$100/ea. x _____ = \$ _____   |          | <input type="checkbox"/> In Memory of Ad - \$100                           |  |
|  |          | Name: _____  |  |
| <input type="checkbox"/> 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).<br><b><i>Submission deadline: September 30, 2025</i></b> |          |  |  |
| <b>Payment Information</b>   |          |  |  |
| 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:   |          |  |  |