

A Night with The Bridge
“Giving Cancer the Boot”

SPONSOR FORM

October 19, 2024



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"/> Provider Supporter - \$600 <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).
Submission deadline: September 16, 2024

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:	