

# 2009 Sponsorship Form



## Instructions:

1. Please read attached pages for descriptions of Sponsorship Opportunities.
2. Please include a Camera-Ready Logo or email the jpg or eps file to: Michelle.Graci@baystatehealth.org

 **Deadline for Inclusion on Walk Papers: July 10** (Platinum, Gold & Silver)

 **Deadline for all other Sponsorships: September 18**

*If you have been a Rays of Hope Sponsor in the past, please consider increasing your sponsorship this year to help us meet the increased need for breast cancer programs, services and research.*

Sponsorship Chosen: \_\_\_\_\_

Company Name: \_\_\_\_\_


Contact Name & Title: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email Address: \_\_\_\_\_

- **PLEASE print or type EXACT COMPANY NAME for CORPORATE SPONSORSHIP RECOGNITION:**

 *I am unable to participate this year; however, I am with you in spirit. Here is my gift to support Rays of Hope \$\_\_\_\_\_*

Tax-deductible checks should be made payable to: **BHF – Rays of Hope**

Please charge my credit card in the amount of \$\_\_\_\_\_ (Circle One) VISA / MC / AMEX / DISC

Name on Account: \_\_\_\_\_ Personal or Corporate Card? (circle one)

Account # \_\_\_\_\_ Exp. Date \_\_\_/\_\_\_ Signature: \_\_\_\_\_

**Please mail form and check in enclosed envelope or you may fax form to 413-794-7777.**

***Thank you for your consideration and generous support!***

**If you have questions or need more information, please contact:**

Michelle Graci (413) 794-7654 or Email: Michelle.Graci@baystatehealth.org  
Manager, Fund Raising Events, Rays of Hope website: baystatehealth.org/raysofhope