



SPONSOR THE EVENT

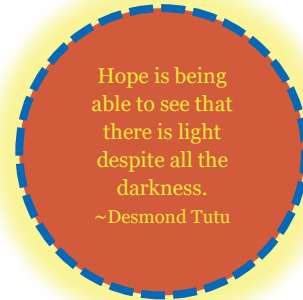
HELP UNDERWRITE OUR EVENT BY BEING AN EVENT SPONSOR

Our sponsors are vitally important to the success of the 2018 Raising Hope Benefit. Becoming a sponsor offers you or your company excellent exposure and benefits during the months and weeks leading up to the event as well as the night of the event.

HOPE SPONSOR (\$5,000)

Sponsor receives:

- **Table of 10 for the event**
- **Recognition on event publicity at the event including event signage on each table, at the event check in, raffle, dessert tables and DJ booth, in the event catalog and logo and corporate link on the TCAMF website**
- **The opportunity to insert marketing materials into the auction catalog (to be provided by the sponsor)**



COURAGE SPONSOR (\$2,500)

Sponsor receives:

- **Four tickets to the event**
- **Recognition on event publicity at the event including event signage on each table, at the event check-in, raffle, dessert tables, DJ booth, in the event catalog and logo and corporate link on the TCAMF website**

FRIENDSHIP SPONSOR (\$1,000)

Sponsor receives:

- **Two tickets to the event**
- **Recognition on event publicity at the event including event signage on each table, at the event check-in, raffle, dessert tables, DJ booth and in the event catalog**



“IN MEMORY OF” SPONSOR (\$500)

Sponsor receives:

- **One ticket to the event**
- **Recognition in the event catalog of a loved one who lost their life to cancer**

IN KIND SPONSOR

- **Recognition at the event. Publicity to be determined by sponsor**

Donation Form

Please complete and return this form to TCAMF at address below no later than January 10, 2018.

Business Name or Individual's Name:

(Please write as you want the name to appear in event press)

Donor or Business Contact Name:

(Please write as you want the name to appear in event press)

Address:

City:

State:

Zip:

Phone Number:

Email Address:

Company Website:

Item Donation:

(Please use separate page for each donated item)

Item or In Kind Donation Fair Market Value: \$ _____

Detailed Item Description and/or Name of loved one for "In Memory Of"

Sponsor/Support Donation:

(Please check all that apply)

- Hope Sponsor (\$5,000)
- Courage Sponsor (\$2,500)
- Friendship Sponsor (\$1,000)
- "In Memory Of" Sponsor (\$500)
- In Kind Sponsor

Other Donation:

I am enclosing a tax deductible monetary donation gift of \$ _____ to support TCAMF.



The Colette A. Miles Foundation
Friends for Courage

P.O. Box 993
St. Charles, IL 60174

Please be sure to copy this form for your records as this also serves as your donation receipt.

For tax purposes, it is hereby stated that The Colette A. Miles Foundation is a non-profit 501(c)(3) organization and all donations to the organization are tax deductible to the extent of the law. Federal Tax ID: 45-4659852