

FAMILY PROGRAMS - SPONSORSHIP FORM

Health & Education Program

- Full Program Sponsorship
- 1-Year \$120,000
- 2-Years \$200,000
- Partial Program Sponsorship

- Event/Activity _____
- Champion of HOPE \$40,000
 - Angel of HOPE \$25,000
 - Spirit of HOPE \$15,000
 - Friend of HOPE \$10,000
 - Other Donation _____

- Event/Activity _____
- Champion of HOPE \$40,000
 - Angel of HOPE \$25,000
 - Spirit of HOPE \$15,000
 - Friend of HOPE \$10,000
 - Other Donation _____

Emotional Support

- Full Program Sponsorship
- 1-Year \$120,000
- 2-Years \$200,000
- Partial Program Sponsorship

- Program/Activity _____
- Champion of HOPE \$40,000
 - Angel of HOPE \$25,000
 - Spirit of HOPE \$15,000
 - Friend of HOPE \$10,000
 - Other Donation _____

Family Quality of Life Activities

- Full Program Sponsorship
- 1-Year \$100,000
- 2-Years \$85,000
- Partial Program Sponsorship

- Event/Activity _____
- Champion of HOPE \$35,000
 - Angel of HOPE \$20,000
 - Spirit of HOPE \$10,000
 - Friend of HOPE \$5,000
 - Other Donation _____

- Event/Activity _____
- Champion of HOPE \$35,000
 - Angel of HOPE \$20,000
 - Spirit of HOPE \$10,000
 - Friend of HOPE \$5,000
 - Other Donation _____

PADRES El Sueño de Esperanza Gala

- Title \$250,000
- Premier \$100,000
- Vehicle \$75,000
- Airline \$50,000
- Celebrity Lounge \$50,000
- Award \$50,000
- Platinum \$30,000
- Gold \$20,000
- Silver \$10,000
- Friend \$5,000
- Other Donation _____

Family Services

- Full Program Sponsorship
- 1-Year \$75,000
- 2-Years \$125,000
- Partial Program Sponsorship

- Service _____
- Champion of HOPE \$30,000
 - Angel of HOPE \$15,000
 - Spirit of HOPE \$5,000
 - Friend of HOPE \$2,500
 - Other Donation _____

- Service _____
- Champion of HOPE \$30,000
 - Angel of HOPE \$15,000
 - Spirit of HOPE \$5,000
 - Friend of HOPE \$2,500
 - Other Donation _____

PADRES 5K Run/Walk

- Presenting Sponsor: \$40,000
- Media Sponsor: 30,000
- Champion of HOPE \$25,000
- Spirit of HOPE \$10,000
- Friend of HOPE \$5,000
- General Sponsor \$2,500
- Community Sponsor \$1,000
- Other Donation _____

SPONSOR INFORMATION

Name _____	Company _____	
Address _____		
City _____	State _____	Zip Code _____
Home Phone _____	Work Phone _____	Email _____

PAYMENT INFORMATION

CREDIT CARD		Donation	Card Number	Exp. Date	Secure ID
<input type="checkbox"/> CASH	<input type="checkbox"/> VISA <input type="checkbox"/> MasterCard	\$ _____	_____	____/____	_____
<input type="checkbox"/> CHECK	<input type="checkbox"/> AMEX <input type="checkbox"/> Discover				
Name on the Card: _____		Signature: _____			

Please return Form, Ad Copy and Check to:
PADRES Contra El Cáncer • 10220 Riverside Drive, Suite B Toluca Lake, CA 91602 • Tel. (818) 980-0208