



# Northern Lights of Life at Longwood

## An Evening of Living and Giving

October 13, 2012

### SPONSORSHIP CATEGORY

Category	Contribution	Complimentary Ad	Seating Reservations
<input type="checkbox"/> Platinum	\$10,000	Full Page Color	Reserved Table Seating For Sixteen
<input type="checkbox"/> Gold	\$5,000	Full Page B/W	Reserved Table Seating For Eight
<input type="checkbox"/> Silver	\$2,500	Half Page B/W	Reserved Seating For Six
<input type="checkbox"/> Bronze	\$1,000	Quarter Page B/W	<b>Auditorium</b> Seating For Four
<input type="checkbox"/> Pewter	\$500	Business Card	<b>Auditorium</b> Seating For Two
		<input type="checkbox"/> Use Last Year's Ad	<input type="checkbox"/> New Ad

### ADVERTISING

ADVERTISING	WIDTH	HEIGHT	RATE	<input type="checkbox"/> Use Last Year's Ad	<input type="checkbox"/> New Ad
<input type="checkbox"/> Full Color Page	7.5"	10"	\$500	Please supply one of the following mediums: 1) ELECTRONIC MEDIA 2) SCANNER-READY MATERIAL 3) NON-SCANNER-READY (provide text layout)	
<input type="checkbox"/> Full B/W Page	7.5"	10"	\$200		
<input type="checkbox"/> 1/2 Page Horizontal	7.5"	4.75"	\$150		
<input type="checkbox"/> 1/4 Page Vertical	3.5"	4.75"	\$75		
<input type="checkbox"/> Business Card	3.5"	2"	\$50		
<input type="checkbox"/> Memorial/Celebration	(Up to 20 words)		\$25		

### ITEM DONATION

**Description of Item(s) to be donated:** \_\_\_\_\_ **Tax Deductible retail value of gift: \$** \_\_\_\_\_

Any restrictions or special handling required? \_\_\_\_\_

Gift to be :  mailed or delivered to DBCC  picked up at my location on/by \_\_\_\_\_ / \_\_\_\_\_ / 2012

### RESERVATIONS OR DONATIONS

Individual Show Seating \$175 each      Number of Seats \_\_\_\_\_      Total Seats \$ \_\_\_\_\_

Sorry, I cannot attend. Please accept my donation of \$ \_\_\_\_\_ for **Delaware Breast Cancer Coalition, Inc.**

### DONOR INFORMATION

Business Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_ E-mail: \_\_\_\_\_

Street: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Credit Card: \_\_\_\_\_ Expire: \_\_\_\_\_ Signature: \_\_\_\_\_

Form and/or items should reach DBCC by:

**September 23, 2012**

Email: [sadams@debrestcancer.org](mailto:sadams@debrestcancer.org)



DBCC Representative: \_\_\_\_\_

**Delaware Breast Cancer Coalition, Inc.**

Tax ID: 52-2045298

111 W. 11<sup>th</sup> Street, Suite 3, Wilmington, DE 19801

Phone: 302.778.1102 ext. 20      Fax: 302.778.1104