



2016 Sponsor Contract

St. Jude Handbags for Hope Luncheon

PERSONAL, CORPORATION OR FOUNDATION SPONSOR

Firm Name/Individual: _____ Date: _____

Contact Name: _____

Address: _____ City/State/Zip: _____

Phone: _____ Fax: _____ Email: _____

PERSON TO RECEIVE ALL BENEFITS INCLUDING SPONSOR INVITATIONS

Name: _____ Address: _____

ST. JUDE CHILDREN'S RESEARCH HOSPITAL PRINTING AND PUBLICATIONS

☐ I (We) prefer to be recognized in any printed material as: _____

Must receive by December 1, 2015 to be on invitations

☐ I (We) prefer NOT to be recognized in any printed material.

HOPE SPONSORSHIP \$15,000

- Three complimentary tables of ten with premier table seating
- Special recognition as the \$15,000 Presenting Sponsor on all printed materials, including save the dates, invitations, event programs, and media releases
- Exposure of you corporate web link and corporate logo included on the event website
- Sneak peak opportunity to preview auction prior to event
- Opportunity to include item for the goodie bag
- On-screen branding of your logo on each touch screen auction bidding device throughout the venue
- Full page company ad in program booklet

DREAM SPONSORSHIP \$10,000

- Three complimentary tables of ten with premier table seating
- Special recognition as a \$10,000 Dream Sponsor on all printed materials, including save the dates, invitations, event programs, and media releases
- Exposure of you corporate web link and corporate logo included on the event website
- Opportunity to include item for the goodie bag
- Half page company ad in program booklet

ANGEL SPONSORSHIP \$5,000

- Two complimentary tables of ten with preferential table seating
- Special recognition as a \$5,000 Angel Sponsor on most printed materials including, save the dates, invitations, and event programs
- Exposure of you corporate web link and corporate logo included on the event website

CARE SPONSORSHIP \$2,500

- One complimentary table of ten with preferential table seating
- Special recognition as a \$2,500 Care Sponsor on most printed materials including, save the dates, invitations, and event programs
- Exposure of you corporate web link and corporate logo included on the event website

GIVE SPONSORSHIP \$1,000

- Four tickets to attend event
- Special recognition as a \$1,000 Give Sponsor on most printed materials including, save the dates, invitations, and event programs

PAYMENT INFORMATION

☐ Checks made payable to "ST. JUDE CHILDREN'S RESEARCH HOSPITAL" Check # _____ Amount: _____

☐ Charge VISA MC DISCOVER AMEX CARDHOLDERS NAME: _____

Credit Card # _____ Exp. Date: _____

Signature: _____

☐ Online with credit card at www.stjude.org/scottsdale

☐ I AM UNABLE TO ATTEND, PLEASE ACCEPT MY TAX-DEDUCTIBLE DONATION IN THE AMOUNT OF \$ _____

Send Completed Form to: ALSAC/St. Jude Children's Research Hospital
ATTN: Handbags for Hope
706 E. Bell Rd., Suite 200
Phoenix, AZ 85022
Kailey.McCarty@stjude.org
(p) 602.385.0480 (f) 602.385.0490

***This form can be submitted by mail, facsimile or by hand-delivery. To protect your credit card information, do not submit this form through email. Thank you!**