

## **2016 SPONSOR AGREEMENT**

St. Jude Presents: Music City Hit-Makers – Benefiting St. Jude Children's Research Hospital Tuesday, February 16, 2016 – Waco, Texas Stjude.org/hitmakerswaco

Finding cures. Saving children.	Stjude.org/nitmakerswaco
INDIVIDUAL, CORPORATION OR FO	UNDATION SPONSOR DATE
CONTACT NAME	
ADDRESS	CITY/STATE/ZIP
PHONEFA	XEMAIL
PERSON TO RECEIVE ALL BENEFITS IN	CLUDING EVENT INVITATIONS
NAME:	ADDRESS:ZIP:
ST. JUDE CHILDREN'S RESEARCH HOSE  Please use the following (individual, corpora donor presentation and other printed materials. P	tion or foundation) for Sponsor listing in St. Jude Children's Research Hospital publication,
☐ I (We) prefer not to be listed in any printed n	naterials.
ST. JUDE PRESENTS	: MUSIC CITY HIT-MAKERS SPONSORSHIP
PRESENTING SPONSOR (\$15,000)  Only one (1) available Exclusive Recognition as Presenting Sponsor 20 Tickets with Premier Seating at the Event Company Logo on Event Signage and All Pri Company Logo on Event Website with Hyper Two Page Color Ad in Event Program Speaking Opportunity During Event Commemorative St. Jude Gift Presented at Event	12 Tickets with Premier Seating at the Event nted Materials Company Logo on Event Signage & All Printed Materials link Company Logo on Event Website with Hyperlink Full Page Color Ad in Event Program Onstage Recognition During Event
HEART SPONSOR (\$7,500)  Reserved Seating for Ten Guests Company Logo on Event Signage & Invitation Logo on Event Website with Hyperlink Half Page Color Ad in Event Program Recognition During Event	DREAM SPONSOR (\$5,000)  Reserved Seating for Eight Guests Name Recognition on Event Signage & Invitation Logo on Event Website with Hyperlink 1/4 Page Color Ad in Event Program Recognition During Event  HOPE SPONSOR (\$2,500)  Reserved Seating for Six Guests Name Recognition on Event Signage Logo on Event Website with Hyperlink Recognition During Event
ST. JUDE PRESE	NTS: MUSIC CITY HIT-MAKERS TICKETS
	□ INDIVIDUAL EVENT TICKET (\$125) # of Tickets X \$125 =
□Charge VISA MC DISCOVER AM	OREN'S RESEARCH HOSPITAL" CHECK # Amount EX CARDHOLDER NAME
	Exp. Date
☐ Online with credit card at www.stjude.org	z/hitmakerswaco
☐ I AM UNABLE TO ATTEND, PLEASE ACC	CEPT MY TAX-DEDUCTIBLE DONATION IN THE AMOUNT OF \$
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