



2021 Sponsorship Form

Instructions:

1. Please read brochure for descriptions of Sponsorship Opportunities
2. Please include a camera-ready logo or email a high-resolution jpg or eps file to: Michelle.Graci@baystatehealth.org

Note: Sponsorship deadline for Presenting, Platinum, Gold and Silver levels is July 9. Deadline for all other sponsorship levels is October 8.

If you have been a Rays of Hope sponsor in the past, please consider increasing your sponsorship this year.

- Sponsorship Chosen:** PRESENTING SPONSOR \$30,000 PLATINUM SPONSOR \$15,000 GOLD SPONSOR \$10,000
- | | | |
|--|---|--|
| <input type="checkbox"/> BIG WIG TENT SPONSOR \$5,000 | <input type="checkbox"/> STARTING LINE ARCH \$7,000 | <input type="checkbox"/> PINK JUMBOTRON SPONSOR \$6,000 |
| <input type="checkbox"/> SILVER SPONSOR \$5,000 | <input type="checkbox"/> BRONZE SPONSOR \$2,500 | <input type="checkbox"/> PINK HOPE LOUNGE SPONSOR \$2,000 |
| <input type="checkbox"/> REGISTRATION AREA SPONSOR \$1,500 | <input type="checkbox"/> HIGH STEPPER SPONSOR \$1,000 | <input type="checkbox"/> PINK SPIRIT SPONSOR \$2,000 |
| <input type="checkbox"/> RAYS OF HOPE STORE SPONSOR \$750 | <input type="checkbox"/> CHEERING STATION SPONSOR \$500 | <input type="checkbox"/> ROUTE ENTERTAINMENT SPONSOR \$300 |
| <input type="checkbox"/> FOOD STOP SPONSOR \$200+ | <input type="checkbox"/> ROUTE MARKER SPONSOR \$200 | <input type="checkbox"/> STRIDER SPONSOR \$150 |

Company Name: _____

Contact Name & Title: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email Address: _____

• **PLEASE print or type EXACT COMPANY NAME for CORPORATE SPONSORSHIP RECOGNITION:**

 I am unable to participate this year; however, I am with you in spirit. Please accept my gift to support Rays of Hope: \$ _____

Tax-deductible checks should be made payable to: BHF – Rays of Hope

Please charge my credit card in the amount of: \$ _____ (Circle One) VISA / MC / AMEX / DISC

Name on Account: _____ Personal or Corporate Card? (circle one)

Account #: _____ Exp. Date: ____/____ Signature: _____

Please mail form and check to: Rays of Hope, Baystate Health Foundation, 280 Chestnut Street, Springfield, MA 01199 or **email to michelle.graci@baystatehealth.org or fax to 413-794-7729.**

Thank you for your consideration and generous support!

For more sponsorship information contact: Michelle Graci, Manager, Fundraising Events, Baystate Health Foundation
413-794-7654 ~ Email: Michelle.Graci@baystatehealth.org
baystatehealth.org/raysofhope

Rays of Hope falls under the Baystate Health Foundation Tax ID # 04-3549011