



***YOUR SPONSORSHIP WILL MAKE A DIFFERENCE
IN THE LIVES OF LOCAL CHILDREN WITH CANCER***

Attached please find a sponsorship level options page and an informational brochure.

14th Annual *Light the Way* Dinner Auction

American Childhood Cancer Organization Inland Northwest

The Davenport Grand Hotel

April 27, 2018

Silent Auction begins at 6:00 PM

American Childhood Cancer Organization is a 501(c)3 non-profit that enhances the lives of young cancer patients and their families during very difficult times. For more information, please visit our website at www.acco.org/inlandnw.

Sincerely,

Sarah Jane Brown and Kiersten Barron

sarah@accoinlandnw.org

kiersten@accoinlandnw.org

LightTheWay@accoinlandnw.org

...because kids can't fight cancer alone![®]

Sponsorship Levels

Presenting Sponsor - \$8,500

- Your company's logo prominently displayed on posters, invitations, and event programs
 - (if sponsorship commitment received prior to print dates)
- Your company's name and logo displayed on our website, Facebook page and newsletter
- Sponsor recognition in media promotions
- Premier Seating for twenty (two tables of ten) with name displayed at tables
- Sponsor logo on video screen
- Recognition at event

Gold Ribbon Sponsor - \$6,000

- Your company's name and logo displayed on our website, Facebook page, newsletter and program
- Sponsor recognition in media promotions
- Premier Seating for ten with name displayed at table
- Sponsor logo on video screen
- Recognition at event

Silver Ribbon Sponsor - \$3,500

- Your company's name displayed on our website, Facebook page, newsletter and program
- Sponsor name on video screen
- Premier Seating for ten
- Recognition at event

Bronze Ribbon Sponsor - \$1,500

- Your company's name listed on our website, Facebook page, newsletter and program
- Table for ten
- Recognition at event

Ticket Purchase: I am not able to sponsor, but would like to purchase _____ seats at \$100 each – table for ten is \$1000. Reserve your tickets now. Seating is limited for this prestigious event.

I am not able to attend, but would like to contribute _____.

Company Name: _____

Contact Name: _____

Address/City/State/Zip: _____

Email: _____ Phone: _____

Method of Payment Visa Master Card

Card Number: _____ Expr. Date: _____ CVV Code _____

Name on Card: _____

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