



***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.

Be A Dancer to Beat Cancer Oldies Dance

American Childhood Cancer Organization Inland Northwest

Northern Quest Resort and Casino

2017

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,

A handwritten signature in cursive that reads "Sarah Jane Brown".

Sarah Jane Brown

Executive Director

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Marilyn Taylor

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

P.O. Box 8031, Spokane, WA 99203 • Phone: 509-443-4162 • www.acco.org/inlandnw

Sponsorship Levels

Presenting Sponsor - \$2,000

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

Gold Ribbon Sponsor - \$1,000

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

Silver Ribbon Sponsor - \$500

- Your company's name displayed on our Facebook page and program
- Premier Seating for eight with name displayed at table
- Sponsor name on video screen
- Recognition at event

Bronze Ribbon Sponsor - \$300

- I am not able to attend, but would like to contribute and have my Business name on a table*
- Your company's name listed on our Facebook page, program, and table

Ticket Purchase: I am not able to sponsor, but would like to purchase _____ seats at \$30 each – table for eight is \$240. Reserve your tickets now.

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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