



Thursday, April 11, 2024 5:00 – 8:00 PM



Company/Sponsor Name:	(as you wish it to appear in printed mate	erials)
Contact Person:	Position/Title:	
Mailing Address:		
City:	State: Zip:	
Office Phone:	Cell Phone:	Fax:
-mail:		
Sponsorship Level	In-Kind Sponsor	ships
Presenting Sponsor: \$10,000	Awards Spons	or
Pretty in Pink Sponsor: \$7,500	Photography S	Sponsor
Champion of Hope Sponsor: \$5,00) Media Sponso	r
Awards Reception Sponsor: \$3,000	Decorations S _I	ponsor
Team Sponsor: \$2,000		
	Corporate Partne	er (\$5,000 or higher)
	I/we intend to	continue this sponsorship level for:
Company Logo Will be emailed to giving@woma	3 years	4 years 5 years years 2024) Vector or high resolution digital file preferred.
Will be emailed to giving@woma Other Opportunities* I would like to purchase	3 years ns.org (deadline to submit logo is February 29, 2	4 years 5 years years 2024) Vector or high resolution digital file preferred.
Will be emailed to giving@woma Other Opportunities* I would like to purchase I am unable to participate in the to	3 years ns.org (deadline to submit logo is February 29, 2 spectator ticket(s) at \$75 each.	4 years 5 years years 2024) Vector or high resolution digital file preferred.
Will be emailed to giving@woma Other Opportunities* I would like to purchase	3 years ns.org (deadline to submit logo is February 29, 2 spectator ticket(s) at \$75 each. urnament, but would like to make a donation in	4 years 5 years years 2024) Vector or high resolution digital file preferred.
Will be emailed to giving@woma Other Opportunities* I would like to purchase I am unable to participate in the to Payment	3 years ns.org (deadline to submit logo is February 29, 2 spectator ticket(s) at \$75 each. urnament, but would like to make a donation in foundation for Woman's	4 years 5 years years 2024) Vector or high resolution digital file preferred.
Will be emailed to giving@woma Other Opportunities* I would like to purchase I am unable to participate in the to Payment Check enclosed made payable to I Charge my: VISA MasterCa	3 years ns.org (deadline to submit logo is February 29, 2 spectator ticket(s) at \$75 each. urnament, but would like to make a donation in Foundation for Woman's	4 years 5 years years 2024) Vector or high resolution digital file preferred. the amount of \$
Will be emailed to giving@woma Other Opportunities* I would like to purchase I am unable to participate in the to Payment Check enclosed made payable to I Charge my: VISA MasterCa I wish to be billed: Once	3 years ns.org (deadline to submit logo is February 29, 2 spectator ticket(s) at \$75 each. urnament, but would like to make a donation in Foundation for Woman's urd American Express Discover	4 years 5 years years 2024) Vector or high resolution digital file preferred. the amount of \$
Will be emailed to giving@woma Other Opportunities* I would like to purchase I am unable to participate in the to Payment Check enclosed made payable to I Charge my: VISA MasterCa I wish to be billed: Once O Name on Card:	3 years ns.org (deadline to submit logo is February 29, 2 spectator ticket(s) at \$75 each. urnament, but would like to make a donation in foundation for Woman's ard American Express Discover Quarterly Monthly Beginning (mm/yy)	4 years 5 years years 2024) Vector or high resolution digital file preferred. the amount of \$
Will be emailed to giving@woma Other Opportunities* I would like to purchase I am unable to participate in the to Payment Check enclosed made payable to F Charge my: VISA MasterCa I wish to be billed: Once O Name on Card: Billing Address:	3 years ns.org (deadline to submit logo is February 29, 2 spectator ticket(s) at \$75 each. urnament, but would like to make a donation in coundation for Woman's ard American Express Discover Quarterly Monthly Beginning (mm/yy) _	4 years 5 years years 2024) Vector or high resolution digital file preferred. the amount of \$

All proceeds will provide services for local women diagnosed with breast or gynecologic cancer throughout their cancer journey. Please return this form to Woman's Hospital via e-mail to giving@womans.org, fax to 225-928-8830, or mail to Foundation for Woman's, PO Box 95009, Baton Rouge, LA 70895-9009. If you have any questions, or for more information, please contact 225-924-8720 or giving@womans.org. Foundation for Woman's is a 501(c)(3) nonprofit organization (Tax ID #47-1970335). womans.org/wvo

*In accordance with the Internal Revenue Code, the value of goods and services is not tax deductible. The remaining amount is considered deductible by IRS Standards.

