

FOR PEDIATRIC BRAIN CANCER

SPONSORSHIP FORM

Sponsor Name: Co	ontact Name:
Street Address: C	ity: State: Zip:
Phone: Email	Address:
This year's event will be held Saturday March 11, 2017 11630 Caroline Rd, Philadelphia, PA 19154 (<u>www.fop5</u> .	-
 □ EMERALD Sponsor: \$1000 Full Page Ad in Program Logo & Link on Aidan's Avengers website Acknowledgement on our Facebook page and Event page Signage by Buffet Table DJ announcement during the event 4 adult tickets to event □ SHAMROCK Sponsor: \$250 1/4 Page Ad in Program Logo & Link on Aidan's Avengers website Acknowledgement on our Facebook page and Event page Signage by Dessert Table DJ announcement during the event 	□ LEPRECHAUN Sponsor: \$500 > 1/2 Page Ad in Program > Logo & Link on Aidan's Avengers website > Acknowledgement on our Facebook page and Event page > Signage by Bar > DJ announcement during the event > 2 adult tickets to event □ POT O' GOLD Sponsor: \$150 > 1 line Ad in Program > Logo & Link on Aidan's Avengers website > Acknowledgement on our Facebook page and Event page > Signage on 1 table (with center piece)
info@aidansavengers.org for donation □ Payment enclosed □ Bill My Credit Card: □ Visa □ Mastercard	
Signature:	
Completed forms (and payment) should be mailed to: Aidar	n's Avengers, P.O. Box 668, Douglassville, Pa 19518. Receipt

https://aidansavengers.com/shamrockin-for-a-cure/. Contact us with any questions here: info@aidansavengers.org

will be mailed to the address entered on this form. Sign-ups are also available via our secure website at