

## FOR PEDIATRIC BRAIN CANCER

## SPONSORSHIP FORM

Sponsor Name: Co	ontact Name:
Street Address: Cir	ty: State: Zip:
Phone: Email Address:	
This year's event will be held Saturday, March 10, 2018  11630 Caroline Rd, Philadelphia, PA 19154 (www.fop5.d)    EMERALD Sponsor: \$1000   Full Page Ad in program given to all guests   Logo & Link on Aidan's Avengers website   Social Media Acknowledgement (Facebook, Twitter, Instagram, Newsletter > 2,600+ followers)   Signage by Buffet Table   DJ announcement during the event   Adult tickets to event    SHAMROCK Sponsor: \$250   1/4 Page Ad in program given to all guest   Logo & Link on Aidan's Avengers website   Social Media Acknowledgement (Facebook, Twitter, Instagram, Newsletter > 2,600+ followers)	3 @ the Philadelphia FOP Lodge 5 - Heroes Ballroom
<ul> <li>Signage by Dessert Table</li> <li>DJ announcement during the event</li> </ul> Merchandise for raffle/auction	> Signage on 1 table (with center piece)  are greatly appreciated. Please contact us at
info@aidansavengers.org for donation instructions.	
□ Payment enclosed □ Bill My Credit Card: □Visa □ Mastercard □ American Express	
Card Number:          Sec Code            Signature:	
Completed forms (and payment) should be mailed to: Aidan will be mailed to the address entered on this form. Sign-ups https://aidansavengers.com/shamrockin-for-a-cure/. Conta	are also available via our secure website at

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