



AIDAN'S AVENGERS

Fighting the Battle Against Pediatric Brain Cancer

SPONSORSHIP FORM

Sponsor Name: _____ Contact Name: _____

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This year's event will be held **Saturday, March 15, 2025**, at the Philadelphia FOP Lodge 5 - Heroes Ballroom at 11630 Caroline Rd, Philadelphia, PA 19154. Additional Event Details: AidansAvengers.com

<input type="checkbox"/> EMERALD Sponsor: \$1200 <ul style="list-style-type: none"> • Full Page Ad In Event Program Given To All Guests • Special Guest Media Emcee Sponsorship Announcement During The Event • Logo & Link On Aidan's Avengers Website • Social Media Acknowledgement (Facebook, Instagram, Newsletter > 18,000+ Fb Followers) • Signage By Bar/Buffer Table • Plus > 4 Adult Tickets To The Event 	<input type="checkbox"/> LEPRECHAUN Sponsor: \$600 <ul style="list-style-type: none"> • ½ Page Ad In Event Program Given To All Guests • Special Guest Media Emcee Sponsorship Announcement During The Event • Logo & Link On Aidan's Avengers Website • Social Media Acknowledgement (Facebook, Instagram, Newsletter > 18,000+ Fb Followers) • Signage By Bar/Buffer Table • Plus > 2 Adult Tickets To The Event
<input type="checkbox"/> SHAMROCK Sponsor: \$350 <ul style="list-style-type: none"> • ¼ Page Ad In Event Program Given To All Guests • Special Guest Media Emcee Sponsorship Announcement During The Event • Logo & Link On Aidan's Avengers Website • Social Media Acknowledgement (Facebook, Instagram, Newsletter > 18,000+ Fb Followers) • Signage By Bar/Buffer Table 	<input type="checkbox"/> POT O' GOLD Sponsor: \$200 <ul style="list-style-type: none"> • 1 Line Ad In Event Program Given To All Guests • Logo & Link On Aidan's Avengers Website • Social Media Acknowledgement (Facebook, Instagram, Newsletter > 18,000+ Fb Followers)
<input type="checkbox"/> Merchandise for Raffle/Auction <ul style="list-style-type: none"> • Donations for the basket raffle/auction are greatly appreciated. Please contact us at info@aidansavengers.com 	<input type="checkbox"/> Donation

Payment enclosed Bill My Credit Card: Visa Mastercard American Express

Card Number: _____ Exp Date: _____ Sec Code _____

Signature: _____

Completed forms with payment (*checks made out to Aidans Avengers*) should be mailed to: Aidan's Avengers, P.O. Box 668, Douglassville, Pa 19518. Receipts will be mailed to the address entered on this form. Sign-ups are also available via our secure website at AidansAvengers.com/shamrockin-for-a-cure/. Contact us with any questions at info@aidansavengers.com.