# Shining Light Awards

**Breast Cancer Awards that Motivate and Inspire**

**June 2, 2017**

## Sponsorship

<table>
<thead>
<tr>
<th>Category</th>
<th>Contribution</th>
<th>Table/Reservations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Presenting Underwriter</td>
<td>$10,000</td>
<td>Two tables of eight guests, Logo on invitation and all event materials, Opportunity to Introduce Keynote Speaker, logo on an award video and Signage at the event.</td>
</tr>
<tr>
<td>Gold Sponsor</td>
<td>$5,000</td>
<td>One table of eight guests, Logo on invitation, event website and all event materials, Opportunity to introduce an award video and Signage at the event.</td>
</tr>
<tr>
<td>Silver Sponsor</td>
<td>$2,500</td>
<td>Table of eight guests, Logo on invitation, event website, event materials, Logo on an award video and Signage at the event.</td>
</tr>
<tr>
<td>Bronze Sponsor</td>
<td>$1,000</td>
<td>Six tickets, Logo on invitation, event website, event materials and Signage at event.</td>
</tr>
<tr>
<td>Community Champion</td>
<td>$500</td>
<td>Four tickets to the event, Logo on invitation and Signage at event.</td>
</tr>
</tbody>
</table>

## Reservations or Donations

- **Individual Ticket $50**  
  - Number of Tickets _______  
  - Total Seats $________

Table Guests (print name(s) as you wish them to appear on name badge(s):

1. __________________________________________________       5. ______________________________________________
2. __________________________________________________       6. ______________________________________________
3. __________________________________________________       7. ______________________________________________
4. __________________________________________________       8. ______________________________________________

- Sorry, I regret I cannot attend, but I’d like to make a $_____________ donation in honor of (please check one of the following awardees).  
  - Dennis Hallock  
  - Deloris Donnelly  
  - Mid-Delaware Imaging  
  - Highmark Delaware  
  - Vicky Cooke

## Donor Information

- Business Name: 
- Contact Name: 
- E-mail: 
- Street: 
- City:  
  - State:  
  - Zip: 
- Phone:  
  - Cell: 
- Credit Card: 
- Expire: 
- Signature: 

Form should reach DBCC by: **May 19, 2017**

Email: [dbcc@debreastcancer.org](mailto:dbcc@debreastcancer.org)

www.debreastcancer.org

**DBCC Representative**

| Name: ______________________________ |
| Delaware Breast Cancer Coalition, Inc. |
| Tax ID: 52-2045298 |
| 11 West 11 Street, Suite 3, Wilmington, DE 19801 |
| Phone: (302) 778-1102  
  - Fax: (302) 778-1104 |

A 5% fee will be added to all credit card charges. Please pay by check to avoid this charge.