



**The 18th ANNUAL  
Walk to Fight Breast Cancer – October 22, 2011  
Sponsorship Reply Form**

Benefiting the Alexandria Breast Cancer Fund at Inova Alexandria Hospital

**Please return this form by July 1 to be listed in all Walk publications and advertisements.  
Please note that there will only be one brochure printing this year.**

*It just takes 3 Simple Steps...*

**STEP 1 – Complete Sponsor Information (please print clearly)**

Sponsor Name \_\_\_\_\_

*This is the way the sponsorship listing will appear on printed materials unless otherwise indicated.*

Contact \_\_\_\_\_

Signature: \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

**STEP 2 – Select Your Contribution and Details** *(Please see attached for recognition details & check appropriate box)*

**Yes!** I/we want to be part of the 18th Annual Walk to Fight Breast Cancer. I/we plan to participate as a:

- |   |                  |                                      |         |
|---|------------------|--------------------------------------|---------|
| <input type="checkbox"/> Presenter  | \$10,000 & above | <input type="checkbox"/> Benefactor  | \$1,500 |
| <input type="checkbox"/> Partner  | \$5,000          | <input type="checkbox"/> Patron      | \$1,000 |
| <input type="checkbox"/> Leader   | \$2,500          | <input type="checkbox"/> Contributor | \$500   |
| <input type="checkbox"/> Dine Out & Shop Participant – <i>see additional form</i>   |                  |                                      |         |
| <input type="checkbox"/> I/we regret that we are unable to participate at a specified sponsor level, but would like to make a contribution of \$_____.  |                  |                                      |         |
| <input type="checkbox"/> I/we regret that we are unable to contribute monetarily, but would like to support the Walk by donating an in-kind gift of publicity, prize certificate(s), refreshments or other: (please specify donation and market value): _____ |                  |                                      |         |

**STEP 3 – Method of Payment and Return**

*(Tax ID #51-024-1913)*

- Enclosed is a check payable to the **IAHF/Walk '11** in the amount of \$ \_\_\_\_\_
- VISA  MC  AMEX Card # \_\_\_\_\_ Exp. \_\_\_/\_\_\_

Mail, with payment to: Walk to Fight Breast Cancer/IAHF, 421 King Street, Ste. 400  
Alexandria, VA 22314

Or Fax to: 703.838.4976 *Questions? Contact Sarah Watson at 703.746.5030*

For Office Use ONLY:

G Invoiced on \_\_\_\_\_ G Paid \$ \_\_\_\_\_ on \_\_\_\_\_ G Team Form received \_\_\_\_\_ G Table/bag form received \_\_\_\_\_