



**The DINE OUT to Benefit
The Walk to Fight Breast Cancer – October 18, 2010
Reply Form**

Benefiting the Alexandria Breast Cancer Fund at Inova Alexandria Hospital

Return this form by June 18 to be listed in advance Walk publications & advertisements

Sponsor Information (please print clearly)

Sponsor Name _____

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

NOTE: To participate as a Dine Out & Shop sponsor, complete the Sponsor Reply Form and return it to the Walk Office with this form.

Select Your Contribution Level *(Please see attached Sponsorship Opportunities information sheet for benefit details at various sponsorship levels & check appropriate box):*

Yes! I/we want to be part of the Dine Out & Shop to Benefit the Walk to Fight Breast Cancer. I/we plan to donate:

- 20% or \$_____ (at least \$500) from proceeds from sales made on Monday, October 18, whichever is higher.
- 15% or \$_____ (at least \$250) from proceeds from sales made on Monday, October 18, whichever is higher.

PLEASE NOTE: Donations guaranteed at \$250 will receive recognition on the Dine Out & Shop poster and flyer. Donations guaranteed at \$500 or more will receive public recognition and benefits listed on the attached sponsorship opportunities sheet. Your **guaranteed contribution amount (of \$500 or more) must be received by August 20 in order for your company to be listed on Walk posters, t-shirts, and post-Walk thank-you advertisements.**