



**The 17th ANNUAL
Walk to Fight Breast Cancer – October 23, 2010
Sponsorship Reply Form**

Benefiting the Alexandria Breast Cancer Fund at Inova Alexandria Hospital

Please return this form by June 18 to be listed in all Walk publications and advertisements

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 _____ E-mail _____

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 17th 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>print contact information above and 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 '10** 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 Angela Johnson at 703.746.5030*

For Office Use ONLY:

- Invoiced on _____ Paid \$_____ on _____ Team Form received Table/bag form received