

# Sponsorship Opportunities



How would you like to make an impact?	The Ultimate Pink Party	
Pamper Me Pink Sponsor	<input type="checkbox"/> \$2,500	Full Page Ad in Program Booklet either Front or Back Covers. Website Recognition. 6ft Skirted Table. LOGO in all Advertising. Pink Ribbon. 1 table for 8 - Dinner/chocolate Tickets  <input type="checkbox"/> Main Room <input type="checkbox"/> Spa Room <input type="checkbox"/> Need Electric
It's All PINK Sponsor	<input type="checkbox"/> \$1,500	Full Page Ad in Program Booklet in center of booklet. Website Recognition. 6ft Skirted Table. Logo in all Advertising. Pink Ribbon. 2 Dinner/chocolate Tickets  <input type="checkbox"/> Main Room <input type="checkbox"/> Spa Room <input type="checkbox"/> Need Electric
Power of Pink! Sponsor	<input type="checkbox"/> \$250	¼ Page Ad in Program Booklet. 6ft. Skirted Table. Name in all Advertising. 2 tickets to access the Hospitality Room. Set up in Main or SPA Conference Room. Limited to vendors availability (One business line. Example: One representative from Mary Kay can set up for the evening.)  <input type="checkbox"/> Main Room <input type="checkbox"/> Spa Room <input type="checkbox"/> Need Electric
GO PINK! Vendor	<input type="checkbox"/> \$100	Name in Program Booklet. 6ft. Skirted Table. Name in all Advertising when space is available. 2 tickets to access the Hospitality Room. Limited space (One company representative/room. Example: One representative from Mary Kay can set up for the evening in each room.)  <input type="checkbox"/> Need Electric
Pretty in Pink <i>Spa Vendor</i>	<input type="checkbox"/> \$100	Name in Program Booklet. 6ft. Skirted Table. Name in all advertising when space is available. 2 tickets to access the Hospitality Room. Set up in <b>Spa Room</b> . Limited to the first 18 vendors, first come first serve. (Will need representatives for Make-Up, Manicure, Massage, Pedicure, Hair Styling)  <input type="checkbox"/> Need Electric
Lighted Pink Ribbon		<input type="checkbox"/> \$100 Purchase 3 Foot Illuminated Pink Ribbon to display at home/business the month of October. <input type="checkbox"/> \$25 Purchase 18" neon ribbon for desk/wall YWCA rep will coordinate delivery of Ribbon.
Chocolate Extravaganza	<input type="checkbox"/> \$5	Join us for the Grande Finale Celebration. This will include a chocolate dessert socializing with your girlfriends. Must purchase ticket by 10/2/09
Dinner/Chocolate Extravaganza Ticket	<input type="checkbox"/> \$25 Must purchase ticket by 10/2/09	_____how many tickets for dinner/chocolate extravaganza?  Food Restrictions?_____
Media Sponsor	Trade for Promotion of Event	¼ page ad in Program Booklet. Name in all Advertising. 6ft. Skirted Table. 2 tickets to access the Hospitality Room  <input type="checkbox"/> Need Electric

## Who should we contact?

*\* required*

Name* and Title	
Company / Organization	
Street Address*	
City, State Zip Code*	
Phone Number(s)*	
E-Mail Address*	
Website Address	

## Donation Form

---

*\* required*

Special Event	<input type="checkbox"/> The Ultimate Pink Party <i>Pink items preferred</i>
Name of Item* (Door Prize, Goodie Bag or Silent Auction)	
Retail Value*	
Description of Item*	
Restrictions	
Availability	<input type="checkbox"/> To be picked up <input type="checkbox"/> Enclosed <input type="checkbox"/> Other  Note: Please use October 1, 2009 as the beginning date for gift certificates and allow 6-12 months for expiration.

Fax completed forms to: **Michelle Kreinbrook**  
Phone: 765-446-5228  
Fax: 765.446.5229  
Email: [mkreinbrook@unityhc.com](mailto:mkreinbrook@unityhc.com)

OR Mail to: Unity Healthcare c/o Michelle Kreinbrook  
1250 South Creasy Lane  
Lafayette, IN 47905  
(Items must be delivered to Unity Administration  
Building by September 25, 2009.)

**\*\*Space is not guaranteed until payment is received.**

## How would you like to pay?

*\* required*

Check is enclosed. Please make checks payable to the KWCE.

\*\* Please consider this your invoice

Contact Name\* and Title

Street Address\*

City, State Zip Code\*

Phone Number(s)\*

Fax Number

E-Mail Address\*

Payment by Credit Card:



Total \$ \_\_\_\_\_

Card No. \_\_\_\_\_

Exp. Date: \_\_\_\_\_

Full Name on Card: \_\_\_\_\_

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

Office Use Only:

Item # \_\_\_\_\_

Date Received \_\_\_/\_\_\_/\_\_\_

**\*\*Space is not guaranteed until payment is received.**