

SPONSORSHIP FORM

Pink Flamingos Wednesday, September 24, 2008

*Benefiting the Partnership for Breast Care and
"Take the Time" Mobile Mammography at
Hartford Hospital*

Company/Name _____
(As you would like it listed in the event program)

Contact Person/Title _____

Address _____

City/State/Zip _____

Telephone (____) _____ Fax (____) _____ E-mail Address _____

Select your **Sponsorship Level** and fill in the number of reservations you plan to use at that level. Additional reservations may be purchased at \$50 each (see Reservation Order Form enclosed).

Sponsorship Levels - Reservations and Program Listing Included*

- \$5,000 **Presenting** # of reservations _____ (includes up to 10, plus other benefits)
 \$3,000 **Pink Ribbon** # of reservations _____ (includes up to 6, plus other benefits)
 \$1,200 **Blue Bow Tie** # of reservations _____ (includes up to 4, other benefits)
 \$ 600 **Hope** # of reservations _____ (includes up to 2, plus other benefits)

(See enclosed description of Sponsor Benefits)

Sponsorship Level with Program Listing* - Reservations Not Included

- Less than \$600 **Advocate** reservations not included

***Program Listing Deadline: September 5, 2008**

TOTAL COMMITMENT: \$ _____ Send Invoice: Yes / No Check Enclosed: Yes / No
Credit Card: Yes / No Name on card: _____
Credit Card Number: _____
Expiration Date: _____
Visa AMEX Discovery MasterCard

Signature _____ Date _____

Please make checks payable to Hartford Hospital (indicate "Pink Flamingos" in Memo section).
Hartford Hospital's Tax Id is 06-0646668. Hartford Hospital is not-for-profit, with 501(c) (3) status, as designated by the IRS.

Mail to: Nadia Woodman
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Ph: (860) 545-2161 Fax: (860) 545-2800
Email: nwoodman@harthosp.org

If you have questions about the event, please contact
Roxanne Rotondaro,
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rrotond@harthosp.org