

304 Summit Street
Asheville, NC 28803
828-274-2267 phone
828-274-2093 fax
bcmsonline.org/heartstrings



HeartStrings 2010 SPONSORSHIP LEVELS

EVENT BENEFACTOR.....\$10,000

- Company name included as **Presented by** in the logo or title of the event
- Opportunity to speak during introductions at the event
- Premier status in all sponsor recognition, including hourly recognition throughout event
- Recognition in any media campaign (print and/or broadcast)
- Logo recognition on all promotional and event materials including brochures, programs, invitations, t-shirts & signage
- Logo recognition in BCMS newsletters
- Logo recognition on website (with link)
- First right of refusal on event in subsequent years
- Provide Welcome Speech at Award Ceremony
- Display table for your organization to interact with spectators
- Your logo on participant's goody bags
- Your promotional materials placed in participant's goody bags

PARTNER IN HEALTH.....\$5,000

- Logo recognition on all promotional and event materials including brochures, programs, invitations, t-shirts & signage
- Logo recognition in BCMS newsletters
- Logo recognition on website (with link)
- Mention in all media campaigns (print/broadcast)
- Your promotional materials placed in participant's goody bags
- Host Award Ceremony

CHAMPION FOR ACCESS.....\$2,500

- Recognition on all promotional and event materials including brochures, t-shirts, programs, invitations & signage
- Recognition (logo or name) in BCMS newsletters
- Recognition (logo or name) on website
- Invitation to Award Ceremony

FRIEND OF MEDICINE.....\$1,000

- Recognition on all promotional and event materials including brochures, t-shirts, programs, invitations & signage
- Name recognition in BCMS newsletters

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HeartStrings 2010 SPONSORSHIP FORM

Yes, my company would be proud to serve as a(n):

- | | | |
|--------------------------|----------------------------|-----------------|
| <input type="checkbox"/> | EVENT BENEFACTOR | \$10,000 |
| <input type="checkbox"/> | PARTNER IN HEALTH | \$5,000 |
| <input type="checkbox"/> | CHAMPION FOR ACCESS | \$2,500 |
| <input type="checkbox"/> | FRIEND OF MEDICINE | \$1,000 |

Please see attached *Sponsorship Levels* sheet for benefits.

Company / Organization: _____

Contact Person: _____ Title: _____

Phone #: _____ Fax #: _____

Address: _____

City: _____ State: _____ Zip: _____

Signature: _____ Date: _____

Email: _____

Please mail or fax completed form prior to January 9, 2010 to:
BCMS Foundation • 304 Summit Street • Asheville, NC 28803
Fax: (828) 274-2093

You will be invoiced for payment (due January 30, 2010)

Thank you!