**Say Yes Telethon**

April 11th | Virtual Telethon

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**Why join the fight?**

- We are the ONLY nonprofit to provide supportive oncology services in the Chicago Southland at no cost to participants
- 85% of participants are impacted by breast, lung, gynecological, brain, and colorectal cancers
- Nearly 80% of participants are cancer survivors
- 40% of participants are people of color
- Nearly 1/4 of participants are men
- 2/3 of participants are stage III or IV

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**Sponsorship Reach**

- 750+ viewers
- 9,000 website views per month
- Press release sent to 55 news orgs.
- 13,000 followers
- 15,000 Quarterly newsletters sent
- 60,000 Reach
- 15,000 contacts on our email list

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**Presenting Sponsors need to be submitted by February 12th for full benefits**

**Sponsorship deadline is March 17th for full benefits**

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to giving
to support
to volunteerism
to wellness
to our Vision
Say Yes Telethon Sponsorship Opportunities
2021 Sponsorship Commitment Form

PLEASE CHECK ALL THAT APPLY:

Say Yes Telethon - April 11th
☐ PRESENTING SPONSOR $5,000
☐ SURVIVOR SPONSOR $2,500
☐ STRENGTH SPONSOR $1,000
☐ SUPPORT SPONSOR $500
☐ HEALING SPONSOR $250
☐ HELP SPONSOR $100

Walk of Hope Week - June 20-27th
☐ PRESENTING SPONSOR $7,500
☐ SURVIVOR SPONSOR $5,000
☐ STRENGTH SPONSOR $2,500
☐ SUPPORT SPONSOR $1,000
☐ HEALING SPONSOR $500
☐ HELP SPONSOR $250
☐ HOPE SPONSOR $150

Golf Outing - September 13th
☐ PRESENTING SPONSOR $5,000
☐ ACE SPONSOR $3,000
☐ MASTER SPONSOR $1,750
☐ HOLE SPONSOR $1,000
☐ PAR SPONSOR $500
☐ LUNCH SPONSOR $250

Hole of Choosing ($1,000 & Up):

CASABLANCA GALA - October 29th
☐ PRESENTING SPONSOR $5,000
☐ SURVIVOR SPONSOR $3,500
☐ STRENGTH SPONSOR $2,500
☐ SUPPORT SPONSOR $1,000
☐ HEALING SPONSOR $500

Holiday Spirits - December 10th
☐ PRESENTING SPONSOR $5,000
☐ TINSEL SPONSOR $2,500
☐ MISTLETOE SPONSOR $1,000
☐ SNOWFLAKE SPONSOR $500
☐ CANDY CANE SPONSOR $250
☐ GINGERBREAD SPONSOR $150

*Presenting Sponsors need to be submitted by February 12th for full benefits
**Sponsorship deadline is March 17th for full benefits

*Presenting Sponsors need to be submitted by March 24th for full benefits
**Sponsorship deadline is July 15th for full benefits

*Presenting Sponsors need to be submitted by July 12th for full benefits
**Sponsorship deadline is August 27th for full benefits

*Presenting Sponsors need to be submitted by October 15th for full benefits
**Sponsorship deadline is November 26th for full benefits

*Presenting Sponsors need to be submitted by August 6th for full benefits
**Sponsorship deadline is October 8th for full benefits

KEEP THIS FORM FOR YOUR RECORDS
<table>
<thead>
<tr>
<th>Say Yes Telethon</th>
<th>PRESENTING SPONSOR $5,000</th>
<th>SURVIVOR SPONSOR $2,500</th>
<th>STRENGTH SPONSOR $1,000</th>
<th>SUPPORT SPONSOR $500</th>
<th>HEALING SPONSOR $250</th>
<th>HELP SPONSOR $100</th>
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</thead>
<tbody>
<tr>
<td>Honorable Mention in Telethon Press Release</td>
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<td>Ad in CSC quarterly newsletter</td>
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<td>Telephone plague for your business</td>
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<td>60 second testimonial/commercial during telethon</td>
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<td>Cancer Awareness Program</td>
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<td>Premier recognition of support during telethon</td>
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<td>Listed as premier sponsor on CSC website with link</td>
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<td>45 second testimonial/commercial during telethon</td>
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<td>Logo featured on up to 3 social media posts &amp; eblasts</td>
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<td>Logo featured in background during telethon</td>
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<td>36 second testimonial/commercial during telethon</td>
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<td>Name listed on CSC website &amp; event website</td>
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<td>Special Social Media Shoutout</td>
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<td>Announcement of your support during telethon</td>
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<td>Name featured in background during telethon</td>
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**PLEASE CHECK ALL THAT APPLY:**

**SAY YES TELETHON** - April 11th
- PRESENTING SPONSOR $5,000
- SURVIVOR SPONSOR $2,500
- STRENGTH SPONSOR $1,000
- SUPPORT SPONSOR $500
- HEALING SPONSOR $250
- HELP SPONSOR $100

**WALK OF HOPE WEEK** - June 20-27th
- PRESENTING SPONSOR $7,500
- ACE SPONSOR $3,000
- HOLE SPONSOR $1,500
- PAR SPONSOR $500
- LUNCH SPONSOR $250
- HOPE SPONSOR $150

**GOLF OUTING** - September 11th
- PRESENTING SPONSOR $5,000
- ACE SPONSOR $3,000
- MASTER SPONSOR $1,750
- PAR SPONSOR $500
- LUNCH SPONSOR $250
- HOPE SPONSOR $150

**CASABLANCA GALA** - October 29th
- PRESENTING SPONSOR $5,000
- SURVIVOR SPONSOR $3,500
- STRENGTH SPONSOR $2,500
- SUPPORT SPONSOR $1,000
- HEALING SPONSOR $500

**HOLIDAY SPIRITS** - December 10th
- PRESENTING SPONSOR $5,000
- TINSEL SPONSOR $2,500
- MISTLETOE SPONSOR $1,000
- SNOWFLAKE SPONSOR $500
- CANDY CANE SPONSOR $250
- GINGERBREAD SPONSOR $150

**PLEASE FILL OUT FRONT AND BACK**

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**Sponsorship deadline is March 17th for full benefits**

*Presenting Sponsors need to be submitted by July 12th for full benefits*
**Sponsorship deadline is August 27th for full benefits**

*Presenting Sponsors need to be submitted by October 16th for full benefits*
**Sponsorship deadline is November 26th for full benefits**

*Presenting Sponsors need to be submitted by August 6th for full benefits*
**Sponsorship deadline is October 8th for full benefits**

*Presenting Sponsors need to be submitted by October 16th for full benefits*
**Sponsorship deadline is October 8th for full benefits**
Signature Events Sponsorship Opportunities
2021 Sponsorship Commitment Form

DONOR INFORMATION

DONOR/COMPANY NAME (As you would like to be listed in print materials):
________________________________________________________________________________________________________________________________________________

Main Business Contact: ____________________________________________________________________________________________________

Preffered Contact (to be contacted for artwork, benefits, etc.): ______________________________________________________________________

Address: ________________________________________________________________________________________________________________

City: ________________________________________________ State: _______________________________________ Zip: __________________

Phone number: _____________________________________________ Email Address: ________________________________________________

GIFT INFORMATION

TOTAL AMOUNT: _____________  BILLING ADDRESS: _______________________________________________________________________

☐ CHECK ENCLOSED  ☐ CHECK WILL BE SENT ON _____________  ☐ INVOICE ME

☐ MC/VISA  ☐ DISCOVER  ☐ AMERICAN EXPRESS

CARD NUMBER: __________________________________________ V-CODE: _____________________________________________________

CARD HOLDER NAME: _____________________________________________________________ ZIP CODE: ___________________________

Please fill out the front and back and submit to:
Jen Linares
Administrative Office
The Cancer Support Center
2028 Elm Road
Homewood, IL 60430

For questions please reach out to Jen Linares or Amanda Nellett at:
jlinares@cancersupportcenter.org | 708-365-0215
anellett@cancersupportcenter.org | 708-995-0363