



Spring is on the way!
You are invited to the

13TH ANNUAL MILES OF HOPE BRUNCH

Sunday, May 7, 2017 at 11 a.m.
The Grandview, Poughkeepsie

In 2016, Miles of Hope raised more than \$560,000 to fund support programs for people affected by breast cancer in our Hudson Valley. Nearly one-fourth of that was raised at the Annual Spring Brunch through business sponsorships, auctions/raffles and reservations.

In its 13-year history, Miles of Hope has given away more than \$1.5 million for programs directly helping our neighbors, families and friends touched by this disease. All money raised here stays here, making a difference in people's lives.

Be part of this success!

- Become a Sponsor
- Advertise
- Have Brunch with Us

Please refer to the accompanying forms for all details and payment information.

Any questions? Email us at brunch@milesofhope.org or call us at 845-264-2005

Please join us in making a difference in the lives of those touched by Breast Cancer.

2017 COMMITTEE

Alisha Albinder
Lisa Arnoff
Mary Bonura
Bonnie Cantor
Dana Effron
Brooke Fedigan
Pari Forood
Maria Galilano
Eileen Gannon
Bonnie Glick
Barbara Harris
Peggy Hurley
Davida Hurst
Joanne Pinello Kaley
Claire Klenosky
Cindy Lewin
Robin Licker
Lisa McHugh
Lauren Muffs
Barbara Newman
Marilyn O'Connor
Joan O'Neill
Jen Oppenheim
Mary Ritter
Rita Rothfeld
Bonnie Scheer
Caryn Solomon
Cathy Temple
Cathy Varunok
Evelyn Weiss
Lauri Wiesenthal
Carolynn Dittmann Zinn



*Miles of
HOPE
Breast Cancer Foundation*

Sponsorship Opportunities or Tributes

Heroes of Hope \$10,000+

Table for 10, inside front or back cover or full-page program ad, option to provide item for gift bag (minimum 450 pieces), inclusion in all event literature and press releases and a full page ad in all other Miles of Hope event program books

Champion of Hope \$7,500+

Eight tickets to the event, then same as above ad and gift bag options

Ruby Foundation Sponsor \$5,000

Six tickets to the event, then same as above ad and gift bag options

Garnet Corporate Sponsor \$2,500

Four tickets to the event, half-page program ad, option to provide item for gift bag (minimum 450 pieces), and inclusion in press releases

Hot Pink Sponsor \$1,000

A half-page program ad, option to provide item for gift bag (minimum 450 pieces), and inclusion in press releases

Rose Pink Sponsor \$500

Receives listing in program at this giving level

Petal Pink Sponsor \$250

Receives listing in program at this giving level

Rosaline Pink Sponsor \$150

Receives listing in program at this giving level

Please see the **pink Registration Form** in the enclosed envelope for registration and payment details. If you have any questions, please call Lisa at 845-471-1504 or email brunch@milesofhope.org.

*Thank you for taking the time to consider our request.
We look forward to hearing from you.*



Advertising Opportunities or Tributes

Ad Sizes and Prices

(all ads are black and white)

Full Page	5.25" x 8.5"	\$250
Half Page	5.25" x 4.25"	\$150
Quarter Page	5.25" x 2"	\$100

Digital Ads — Ads are accepted electronically in .pdf or .jpg formats. Email ads to brunch@milesofhope.org and include ad size and contact information.

Camera-ready Ads — Ad copy will also be accepted by mail. Please send ad and payment along with enclosed form.

Ads may be personal or business.

Deadline for ad submission is Monday, April 17, 2017

See attached pink Registration Form for payment information.

Any questions? Email us at brunch@milesofhope.org or call us at 845-264-2005.

The Giving Tree

All of the following services are part of the Miles of Hope **Medical Gap Care Fund**, which was established to help individuals who reside in one of the eight counties of the Hudson Valley and are in treatment for breast cancer with a financial emergency not covered by insurance.

Purchase one of these services, get a Miles of Hope Ribbon Ornament to indicate your purchase, and we will hang it on our Giving Trees at the luncheon for all to admire!

Any donation amount is welcome. Here are some examples:

- \$25 buys a gas card
- \$75 pays for one mammogram
- \$100 pays for a week of co-pays for radiation treatments
- \$150 pays for a lymphedema sleeve
- \$200 pays for a gift card for groceries for a family in financial crisis during treatment
- \$350 pays for a month of fuel for a home (gas or heat)
- \$500 pays for 10 transportations to/from cancer treatments
- \$1,000 pays for a scholarship for one college-bound senior whose life has been affected by breast cancer



Registration Form
13th Annual Brunch – May 7, 2017

Online Registration and Payments are Preferred
WWW.MILESOFHOPE.ORG

Alternately, fill in top portion of form and all other appropriate sections and return with payment to :
Miles of Hope, PO Box 405, LaGrangeville, NY 12540

Name: _____

Address: _____

Phone Number: _____ E-Mail Address: _____

SPONSORSHIP — *Please contact Lisa at brunch@milesofhope.org with questions about Sponsorships or Ads.*
REMINDER: Sponsorship level of \$1,000 and above receives a full-page ad, which must be submitted by Monday, April 17.

Sponsor Level _____ Amount \$ _____

Name as you would like it to appear in program book: _____

AD BOOK / TRIBUTES — *Ads may be personal or business. Ad submission deadline is Monday, April 17.*

Size _____ Cost \$ _____

Enclosed is camera-ready artwork I am emailing my artwork in .pdf or .jpg format to brunch@milesofhope.org

IN MEMORY / IN HONOR OF — *Please print name as you want it to appear in program book.*

First listing @ \$100 _____

Additional listings @ \$25/ea. _____

Total for listings \$ _____

RESERVATIONS — *Deadline is Friday, April 15, 2016. Group seating preferences are not guaranteed until all payments are received. Please list names on reverse side.*

I am purchasing _____ tickets at \$65 each for the 13th Annual Brunch on May 7, 2017, totaling \$ _____

THE GIVING TREE

Donation amount: \$25 \$50 \$75 \$100 \$150 \$200 \$350 \$500 \$1,000 Other _____

TOTAL ENCLOSED \$ _____

Please make all checks payable to **Miles of Hope Breast Cancer Foundation.**

We also accept credit cards: Visa MasterCard American Express

Card Number: _____ Exp. Date: _____ CVV Code: _____

Signature: _____ Billing Address Zip Code: _____