

YES! I AM INSPIRED TO SUPPORT PEOPLE AFFECTED BY SEVERE DISABILITIES WITH A GIFT TO THE D-MAN FOUNDATION'S 2022 "Dreams Come True on Woodward Avenue" Event!

SPONSORSHIP PACKAGES

Please place a check mark next to your desired Sponsorship Package

- \$5,000 – **M1** Presenting Sponsor
 - Exclusive Sponsorship – only one available!
 - Sponsor a Patient Ride
 - Inclusion in Press/Media Alert
 - Company name on the Dreamcruise banner displayed at the event
 - Personalized car magnet with your Logo to be displayed on our cruising vehicles with client passengers
 - TOP Billing on **all** printing materials for the event
 - Social Media mentions/tags to your organization with over 10,000 impressions per week!
 - Website recognition all year
 - Credit received in the Dreamcruise highlights video
 - Email blasts to 5,000 emails thanking your organization with a link to your website
 - Company logo on event T-shirts (est. 100+ Shirts)

- \$2,500 – Drop Top Sponsor (3 Available)
 - Sponsor a Patient Ride
 - Company name on the Dreamcruise banner displayed at the event
 - Personalized car magnet with your Logo to be displayed on our cruising vehicles with client passengers
 - Two Social Media mentions/tags to your organization with over 10,000 impressions per week!
 - Website recognition all year
 - Credit received in the Dreamcruise highlights video
 - Email blasts to 5,000 emails thanking your organization with a link to your website

- \$1,000 – Cruisin' Along Sponsor (5 Available)
 - Sponsor a Patient Ride
 - Company name on the Dreamcruise banner displayed at the event
 - Website recognition all year
 - Email blasts to 5,000 emails thanking your organization with a link to your website

YOUR CONTACT INFORMATION

Name _____

Company _____

Address _____

City _____ State _____ Zip Code _____

Work Phone _____ Email _____

Note: if you are a purchasing a sponsorship for our event, please submit an EPS or Ai file of your Logo to yourdmanz@gmail.com no later than Aug 9

PAYMENT

___ Enclosed is a check made payable to the D-MAN Foundation.

___ Please process my donation via credit card: ___ Visa ___ MasterCard ___ American Express

Card Number _____

Code Number for Card: _____ Expiration _____

Name on Card _____

Signature _____

THANK YOU!

Thank you very much for your support!
Please mail this form & make your check payable to:

Danny's Miracle Angel Network
3500 W 11 Mile Road Suite C
Berkley MI 48072

Contact us at 248.896.9118 or yourdmanz@gmail.com if we can be of further assistance. www.mydman.org