



CANCER SUPPORT COMMUNITY

DELAWARE

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July 24, 2019

Tax ID 51-0351863

Dear Friend,

Cancer Support Community of Delaware (CSCDE) is excited to announce the return of Pong for a Cure event on Saturday, October 12, 2019 at the Hockessin PAL. From its humble beginnings five years ago in a garage, Pong For A Cure has grown to be the largest beer pong tournament in the State of Delaware. This unique annual event is a great opportunity to showcase your support for breast cancer survivors, their caregivers and family members at CSCDE statewide!

By joining us as a sponsor your business will assist CSCDE's critical work as a statewide nonprofit organization providing support services to cancer patients, caregivers and their families. Support groups, mind body/stress reduction classes such as Yoga, Meditation, Tai Chi, nutrition classes and educational workshops are available to all at no cost to the participant and their families. We are able to serve our community through financial support from foundations, corporate sponsors, individual donors, and fundraising events like Pong for a Cure. In 2018, we served 1163 people throughout Delaware and provided nearly 13,000 visits to patients, caregivers and their family members.

We hope you'll consider supporting Pong For A Cure and Cancer Support Community Delaware as an event sponsor. Attached please find our sponsorship packet and silent auction form. Should you have any other questions, please do not hesitate to contact me at (302)995-2850 or by email at atomasetti@cscde.org.

From all of us at Cancer Support Community Delaware, thank you for your generous support!

Warm regards,

Pong For A Cure Committee
Cancer Support Community Delaware

NEW CASTLE COUNTY 4810 Lancaster Pike, Wilmington, DE 19807, 302-995-2850, fax 302-995-0834

MIDDLETOWN 811 N. Broad Street, Suite 213, Middletown, DE, 302-995-2850, fax 302-995-0834

KENT COUNTY 812 S. Bradford St., Dover, DE 19904, 302-734-0898, fax 302-734-4310

SUSSEX COUNTY 18947 John J. Williams Hwy., Suite 312, Rehoboth Beach, DE 19971, 302-645-9150, fax 302-645-9160

www.cancersupportdelaware.org



Sponsorship Level	Sponsorship Benefits – Pong For A Cure
Pink Sponsor \$5,000	<ul style="list-style-type: none"> • Banner • Logo on Website, Registration Form, Pong Table, and T-shirts • DJ recognition during the event • 30 Cheerleader Tickets or 15 Teams* <p><i>*Team names and player names must be submitted by October 5, 2019 or sponsor will receive cheerleader tickets only*</i></p>
Platinum Sponsor \$2,500	<ul style="list-style-type: none"> • Banner • Logo on Website, Registration Form, Pong Table, and T-shirts • DJ recognition during the event • 20 Cheerleader Tickets or 10 Teams* <p><i>*Team names and player names must be submitted by October 5, 2019 or sponsor will receive cheerleader tickets only*</i></p>
Gold Sponsor \$1,000	<ul style="list-style-type: none"> • Logo on Pong Table, and T-Shirts • 10 Cheerleader Tickets or 5 teams* <p><i>*Team names and player names must be submitted by October 5, 2019 or sponsor will receive cheerleader tickets only*</i></p>
Silver Sponsor \$500	<ul style="list-style-type: none"> • Logo on Pong Table and T-Shirts • 5 Cheerleader Tickets
Bronze Sponsor \$250	<ul style="list-style-type: none"> • Logo on T-Shirts • 2 Cheerleader Tickets

To join us as a sponsor for this year's event please visit our website:
<https://pongforcure2019.eventbrite.com>

Your donation is tax-deductible to the fullest extent allowed by law. Tax ID # 51-0351863

Please send a high resolution .png or .jpeg file of your logo to
 Amanda Tomasetti, Director of Development:
 (302) 995-2850 / atomasetti@cscde.org
 4810 Lancaster Pike, Wilmington, DE 19807
www.cancersupportdelaware.org



2019 EVENT SPONSORSHIP

Sponsorship Levels	Player Registration
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Pink Sponsor \$5,000

\$150 (2) Person Team

Platinum Sponsor \$2,500

\$75 Cheerleader Ticket

Gold Sponsor \$1,000

Silver Sponsor \$500

Bronze Sponsor \$250

Contact Information:

Name/Company (as you would like it to appear in promotional materials):

Your Name: _____ Title: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Email: _____

Payment Information:

Payment Method: Check MasterCard Visa Amex

Credit Card Number: _____

Exp. Date: ___/___/___ Name on Card: _____

Signature: _____

Make checks payable to Cancer Support Community Delaware

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