

SPONSORSHIP OPPORTUNITIES	\$50,000 Presenting (exclusive)	\$25,000 Platinum Star	\$10,000 Gold Star	\$5,000 Silver Star	\$1,000 Bronze Star	Participant Shining Star
Exclusive branding as presenting sponsor	●					
Marquee placement on childrensMN.org homepage	●					
Feature story on website	●					
Logo featured in event emails	●	●	●			
Mentioned in pre-event news alert	●	●	●			
Invitation to the Children's Minnesota Corporate Partner Summit	●	●	●	●		
Included in print ad	●	●	●	●		
Social media post/repost during event	3 exclusive	1 exclusive	●	●	●	
Listed in event summary report	●	●	●	●	●	●
Logo, link and information shared on event website	●	●	●	●	●	●
Tour of Children's Minnesota with check presentation and photo opportunity	●	●	●	●	●	●
Support from the Children's Minnesota Foundation throughout the event	●	●	●	●	●	●
Provided fundraising toolkit with helpful event materials	●	●	●	●	●	●

2020 EVENT IMPRESSIONS

PAID ADVERTISING

Print: MSP Magazine & Twin Cities Business
 Radio: The Current
 Digital: TCBmag.com
 Social: Facebook & Instagram
 1.2 million total impressions

EMAIL

636,428 total emails sent; 58,406 opened
 Average Open Rate: 20%

NEWS MEDIA

90 stories picked up
 61.7 million impressions

CAMPAIGN WEBSITE

1,904 page views

SOCIAL MEDIA

Twitter; Facebook; Instagram: 427,942 impressions



SHINE BRIGHT FOR CANCER KIDS CAMPAIGN PROPOSAL FORM

Thank you for your interest in supporting Children’s Minnesota. Before you hold or publicize your campaign, you must submit this application to Children’s Minnesota Foundation for approval. Please email the completed application to Children’s Minnesota Foundation at giving@childrensMN.org. Please allow two weeks for approval.

CAMPAIGN

Main contact _____

Corporation _____

Mailing address _____

Email address _____

Phone _____

Sponsorship level: Presenting Platinum Star Gold Star Silver Star Bronze Star Shining Star

CAMPAIGN INFORMATION

Type of campaign: Point of sale Portion of purchase Proud Supporter ‘pin-ups’ Product-specific
 Employee giving campaign Matching Gift In-kind donation Other _____

Name of campaign _____

Description of campaign _____

Location _____

Date(s) of campaign _____

Estimated participation _____

Estimated value of proceeds _____

USE OF FUNDS

Proceeds from the Shine Bright for Kids campaign will support the **Cancer Kids Fund** at Children’s Minnesota.

Until Children’s Minnesota Foundation has granted written permission, contributions may not be solicited in the name of Children’s Minnesota, and the name “Children’s Minnesota” may not be used for any purpose. Information provided on this form is correct and accurately describes the proposed campaign. The campaign will be bound by the terms of the proposal submitted to Children’s Minnesota Foundation. The undersigned agrees to all guidelines outlined in Children’s Minnesota community fundraiser resource kit.

I agree to the following:

THE ORGANIZATION/COMPANY SPONSORING THE CAMPAIGN ASSUMES ALL RISKS AND LIABILITIES ASSOCIATED WITH THE CAMPAIGN AND HEREBY RELEASES AND HOLDS HARMLESS CHILDREN’S MINNESOTA AND CHILDREN’S HEALTH CARE FOUNDATION AND THEIR DIRECTORS, OFFICERS, EMPLOYEES, AGENTS, AND SUCCESSORS, AND ASSIGNS FROM AND AGAINST ANY AND ALL CLAIMS, DAMAGES, LIABILITIES, COSTS AND EXPENSES, INCLUDING REASONABLE ATTORNEY’S FEES ARISING OUT OF OR INCLUDING, WITHOUT LIMITATION, ANY PERSONAL INJURIES OR DAMAGE TO PROPERTY WHICH MAY OCCUR IN CONJUNCTION WITH THE CAMPAIGN. CHILDREN’S MINNESOTA PARTICIPATION AS A BENEFICIARY IN NO WAY IMPLIES A BUSINESS AGREEMENT WITH ANY SPONSORS OR COMMITTEE MEMBERS.

I agree on behalf of the organization/group that I represent that Children’s Minnesota will receive all revenues from the campaign within 30 days of the event or within alternative terms mutually agreed upon. Ongoing campaigns must provide revenue to Children’s Minnesota once every quarter. I agree that all printed materials and publicity for the event must be approved by Children’s Minnesota prior to being released, printed, etc. and that I will abide by the policies and guidelines provided to my organization/group by Children’s Minnesota.

Please submit this form at least four weeks prior to the proposed first day of the campaign.

Completion of this form does not ensure approval. You will be contacted if further information is needed. If you have any questions regarding this form or your campaign, please contact Children’s Minnesota Foundation at 952-992-5500 or giving@childrensMN.org.