

MASKS *for* AID

THURSDAY, NOVEMBER 2, 2023

FROM 6:00-9:00PM AT THE GALLERY, DOWNTOWN KANSAS CITY

THE EVENT

HNC Living Foundation's premier fundraising event, MASKS for AID, continues to connect patrons to stunning visual, culinary, and performing arts to raise funds to support those living with a head and neck cancer diagnosis.

The ninth annual HNC Living Foundation MASKS for AID will return in its full capacity since 2019, celebrating visual, performing, culinary and healing arts. Patrons can expect inspiring patient stories, an inside look at the transformation of a patient's radiation mask by celebrated artist, and fine food and beverage they have come to expect from this prestigious event.

WHAT OUR GENEROUS SUPPORTERS HAVE ACCOMPLISHED

- > Changed the lives of more than 4,000 people affected by head and neck cancer.
- > Invested over \$2.2 million dollars in direct support for patient care.
- > Helped head and neck cancer patients receive life-saving care in 49 states.



M A S K S *for* A I D™



Presented by



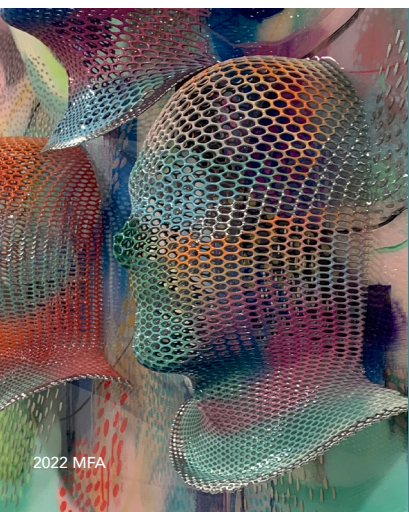
BECOME A SPONSOR FOR MASKS *for* AID!

All proceeds raised at MASKS for AID go directly to benefit patient services. Sponsorship opportunities are outlined on the back of this sheet. For questions or custom packages, contact Alyssa LaVelle at alyssa@hncliving.org.

HNC Living Foundation is dedicated to helping head and neck cancer patients live life fully during and after treatment by providing financial aid.



2016 MFA Artwork
by Chico Sierra



2022 MFA



Join Honorary Chairs Courtney Kounkel, Founder & Owner of Monarch Build and Kristin Tyson, Managing Director, CrossFirst Bank to celebrate and acknowledge the journey to cancer survivorship for the patients served by HNC Living Foundation.

2023 SPONSORSHIP BENEFIT OPPORTUNITIES

PRESENTING SPONSOR \$40,000 SOLD OUT	<ul style="list-style-type: none"> - Tickets: 40 - Name on Event Website - Digital + Premium Signage at Event - Postevent Recognition - Social Media Announcement 	<ul style="list-style-type: none"> - Acknowledgment in Event Press Release - Spotlight in Annual Report - Name inclusion within Title of Event (logo inclusion where appropriate) - First option for ownership of one art piece from MASKS for AID
ELITE SPONSOR \$20,000	<ul style="list-style-type: none"> - Tickets: 30 - Name on Event Website - Digital + Premium Signage at Event - Postevent Recognition 	<ul style="list-style-type: none"> - Social Media Announcement - Second option for ownership of one art piece from MASKS for AID
CHAMPION SPONSOR \$15,000	<ul style="list-style-type: none"> - Tickets: 20 - Name on Event Website - Digital + Premium Signage at Event - Postevent Recognition 	<ul style="list-style-type: none"> - Social Media Announcement
SUPPORTING SPONSOR \$10,000	<ul style="list-style-type: none"> - Tickets: 14 - Name on Event Website - Digital Signage at Event 	SUBMIT COMPLETED FORM EMAIL: alyssa@hncliving.org PHONE: 913.402.6028 ONLINE: hncliving.org/donate MAIL: HNC Living Foundation, Attn: Alyssa LaVelle 8100 Newton St, Ste 100 Overland Park, KS 66204
ADVOCATE SPONSOR \$5,000	<ul style="list-style-type: none"> - Tickets: 8 - Name on Event Website - Digital Signage at Event 	
CARE SPONSOR \$1,500	<ul style="list-style-type: none"> - Tickets: 2 - Name on Event Website - Digital Signage at Event 	

SPONSOR INFORMATION

Name: _____ Company: _____

Address: _____ City, State, ZIP: _____

Email 1: _____ Email 2: _____

Phone number: _____ List in program as: _____

____ Presenting Sponsor \$40,000

____ Elite Sponsor \$20,000

____ Champion Sponsor \$15,000

____ Supporting Sponsor \$10,000

____ Advocate Sponsor \$5,000

____ I will forgo event benefits so that HNC Living Foundation may make the most impact with my donation. Please make my gift to HNC Living Foundation fully tax deductible. Enclosed is my tax-deductible donation of \$ _____

HNC Living is helping those in need nationwide. If you wish to restrict your gift to the Kansas City region, please initial here _____

PAYMENT METHOD

____ My check is enclosed (payable to HNC Living Foundation).

____ Please invoice me at the address listed above.

____ I am including my credit card information:

CREDIT CARD PAYMENT (circle check please) ☐ MasterCard ☐ Visa ☐ American Express

Credit Card # _____ Expiration Date _____ Security Code _____

Name on Card _____ Signature _____