



# Holiday Mailbox Brigade

Business Sponsorship



[choa.org/mailbox](http://choa.org/mailbox)

Children's Healthcare of Atlanta Friends Groups across Metro Atlanta invite you to join us as a **Business Sponsor** of our 2018 Holiday Mailbox Brigade fundraiser.

The Holiday Mailbox Brigade fundraiser is continuing an Atlanta tradition of decorating mailboxes for Children's. As a neighbor, participants donate \$50 for their mailbox to be beautifully adorned with fresh holiday greenery and a festive handmade bow between 12/1 and 12/14. Additionally, for every mailbox purchased, a patient at Children's Healthcare of Atlanta at the following in-patient locations: Egleston, Hughes Spalding and Scottish Rite will receive a "Holiday Hug" sign for their hospital door! The more mailboxes purchased, the more money we raise for Children's. Last year, The Friends Groups decorated 6,130 mailboxes with \$325,000 (net total) donated to Children's. This year, our goal is to sell over \$330,000 (net total).

Sponsorship opportunities offer premier exposure through promotion and acknowledgment on social media. Your logo will be on [choa.org/mailbox](http://choa.org/mailbox) throughout the 2018-2019 Friends calendar year. In addition, your logo will be distributed on various social media platforms. Electronic "thank yous" will be sent out with sponsors' logos to more than 3,000 Friends members across Metro Atlanta. New for 2018, a Mailbox Brigade Sponsorship also includes a mailbox decoration at the address of your choice within an established brigade's boundaries.

I would like to be a \$500 Mailbox Brigade Business Sponsor

\_\_\_\_\_  
Individual/Firm/Company/Organization (to be published in all print material)

\_\_\_\_\_  
Contact Name

\_\_\_\_\_  
Date Submitted

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
e-mail address

### Method of Payment

Please charge my card (circle one)    Visa    MasterCard    Discover    American Express

Card  
Number: \_\_\_\_\_

Expiration  
Date: \_\_\_\_\_

Cardholders  
Name: \_\_\_\_\_

Signature: \_\_\_\_\_

**PAY ONLINE AT: [www.choa.org/mailbox](http://www.choa.org/mailbox)**