

SATURDAY, MAY 16 • 2026



SPONSORSHIP LEVEL

\$2,500+ Ultrasound Sponsor

\$1,000+ Education Sponsor

\$500+ Mom, Dad, Baby Sponsor

\$250+ Car Seat & Crib Sponsor

\$100+ Parenting Sponsor

OTHER \$

I want to be a NEW HOPE CENTER CORPORATE SPONSOR

Company Name: _____

Contact: _____ Phone: _____

Title: _____ Email: _____

Company Address: _____

City/State/Zip: _____

Check enclosed made out to: **New Hope Center**. (Note "Corp Sponsor" in memo area)

I will pay by credit card: VISA MasterCard AMEX

Name on Credit Card: _____

Credit Card #: _____ Exp: _____ CV: _____

Signature: _____

PLEASE RETURN THE ATTACHED FORM BY FRIDAY, APRIL 17, 2026

Your Company Name as it should appear on materials:

Company website:

EMAIL THIS FORM WITH YOUR LOGO (jpg or eps) TO: kclass@newhopecenter.com

or mail to New Hope Center, Attn: Karen Class, 228 Thomas More Pkwy.,
Cresview Hills, KY 41017 or call Karen at 859-341-0767 ext. 12

or Sara Minard at sminard@newhopecenter.com, 859-341-0767 ext. 13

