

























# HEAT IT TO BEAT IT

at *Mercy*

## SPONSORSHIP OPPORTUNITIES AND BENEFITS

Sunday, September 27, 2026

Benefits	Presenting (\$10,000)	Flaming Hot (\$7,500)	Blazing Hot (\$5,000)	Red Hot (\$2,500)	Steaming Hot (\$1,500)
Walk Registrations & HITBI T-shirts	10	8	6	4	2
Promotional Table at Event					
Recognition in Speaking Program					
Logo on Postcard*					
Logo in Program*					
Logo on Event Signage*					
Logo on Event Website & Emails					
Social Media Promotion					

*\*Date Sensitive*



Walk to Raise Awareness and Funds for Peritoneal Carcinomatosis
Presented by The Institute for Cancer Care at Mercy

Sunday, September 27, 2026

SPONSORSHIP COMMITMENT FORM

YES, we will gladly support Heat It To Beat It 2026 as follows:

Presenting Sponsor: \$10,000

(tax-deductible amount is \$9,500; value of goods and services is \$500)

Flaming Hot Sponsor: \$7,500

(tax-deductible amount is \$7,100; value of goods and services is \$400)

Blazing Hot Sponsor: \$5,000

(tax-deductible amount is \$4,700; value of goods and services is \$300)

Red Hot Sponsor: \$2,500

(tax-deductible amount is \$2,300; value of goods and services is \$200)

Steaming Hot Sponsor: \$1,500

(tax-deductible amount is \$1,400; value of goods and services is \$100)

We are unable to sponsor Heat It To Beat It but would like to support this event with a gift of \$\_\_\_\_\_.

Company Name: \_\_\_\_\_

(Please list as you would like it to appear on published materials).

Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_

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

City/State/ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

PAYMENT OPTIONS

Check. Enclosed is my check made payable to Mercy Health Foundation.

Charge. Please charge \$\_\_\_\_\_ to my credit card.

American Express

Discover

MasterCard

Visa

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

Credit Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Please mail with payment to: Nichole Komninos, Mercy Health Foundation, PO BOX 69703, Baltimore, MD 21264

Logo Specifications: Please email a vector EPS file and a 300 DPI jpeg file of your corporate logo both in color and black & white to nkomninos@mdmercy.com by August 15, 2026.

For More Information: Please contact Nichole Komninos at 410.332.9515 or nkomninos@mdmercy.com. Mercy Health Foundation tax ID number is 52-2173656. Mercy Health Foundation is a nonprofit organization, donations to which are tax-deductible as allowed by law. Mercy welcomes charitable contributions to advance its mission to health care, benefit the community and/or demonstrate good corporate citizenship. Contributions are not to be linked, implicitly or explicitly, to any expectation or agreement that Mercy Medical Center will use, order, recommend or make a referral for any product or service and may not result in a personal benefit to any individual, corporation, foundation, or organization.