



Step Up for Cancer Care!

Sunday, September 13, 2026

Mine Falls Park

stjosephhospital.com/
ribbon



Presenting \$15,000
Limited to One Sponsor

Hospital Humanitarian \$10,000
Limited to Two Sponsors

Patient Partner \$7,500
Limited to Six Sponsors

Medical Missionary \$5,000
Limited to Ten Sponsors

Disease Defender \$2500
Limited to Fifteen Sponsors

Rehab Rockstar \$1000
Unlimited

Fit Friend \$500
Unlimited

	LEVEL 1	LEVEL 2	LEVEL 3	LEVEL 4	LEVEL 5	LEVEL 6	LEVEL 7
Logo with link to website on St. Joseph Hospital and RunSignUp pages for all of 2026							
Digital images for social media and/or print advertising	●	●	●	●	●	●	●
Complimentary registrations to the <i>Ribbon Run/Walk</i> event	14	12	10	8	6	4	2
Listing in St. Joseph Hospital annual report (and printed on hospital donor wall)	●	●	●	●	●	●	●
Logo placement on participant t-shirts	LEVEL 1	LEVEL 2	LEVEL 3	LEVEL 4	LEVEL 5		
Recognition on all St. Joseph Hospital and Clinic Monitors June - September	LEVEL 1	LEVEL 2	LEVEL 3	LEVEL 4	LEVEL 5		
Company name/logo on printed event collateral	LEVEL 1	LEVEL 2	LEVEL 3	LEVEL 4			
Event Signage	Start/ Finish Line	Water Station	Half Way Marker	Heartbreak Hill Marker...You are almost finished!			
Recognition at St. Joseph Hospital's Ribbon Gala (a survivor celebration)	Logo on invite, program and digital screens	Logo on program and digital screens	Logo on program				
Recognition on all St. Joseph Hospital and Clinic Monitors October - June	●	●					

*Media Sponsorships Available.

Sponsor commitment or pledge due **August 1st** for
guarantee of logo placement on participant tee shirt.

Please contact Brian Winslow at 603.884.4343 -or-
bwinslow@covh.org to reserve your sponsorship opportunity.



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Cancer Care!

2026 Sponsorship Reservation Form

Several sponsorship opportunities are available for our *Ribbon Run 5k* event. All sponsors will be recognized at the *Ribbon Run 5k* Event and throughout the entire year. Please contact Brian Winslow at **603-884-4343 -or- bwinslow@covh.org** to reserve your sponsorship opportunity NOW, or return this form as indicated below.

- ☐ **Presenting Sponsor** \$15,000 (limited to one sponsors)
- ☐ **Hospital Humanitarian Sponsor** \$10,000 (limited to two sponsors)
- ☐ **Patient Partner Sponsor** \$7,500 (limited to six sponsors)
- ☐ **Medical Missionary Sponsor** \$5,000 (limited to ten sponsors)
- ☐ **Disease Defender Sponsor** \$2,500 (limited to fifteen sponsors)
- ☐ **Rehab Rockstar Sponsor** \$1,000
- ☐ **Fit Friend Sponsor** \$500

Company Name

POC for All Communications

Address

City

State

Zip

Main POC Email

Main POC Phone

Please check one of the following:

- ☐ My check is enclosed. (Please make check payable to St. Joseph Hospital)
- ☐ Please charge my credit card. (Complete section below or [pay online](https://stjosephhospital.com/ribbon) at stjosephhospital.com/ribbon)
- ☐ Please bill me.

Name as listed on the card

Billing email

Billing address

City

State

Zip

Credit card number

Exp date

Security code

Please return this form with your payment to:

St. Joseph Hospital Foundation | 172 Kinsley Street | Nashua, NH 03060 | Phone 603.884.4343

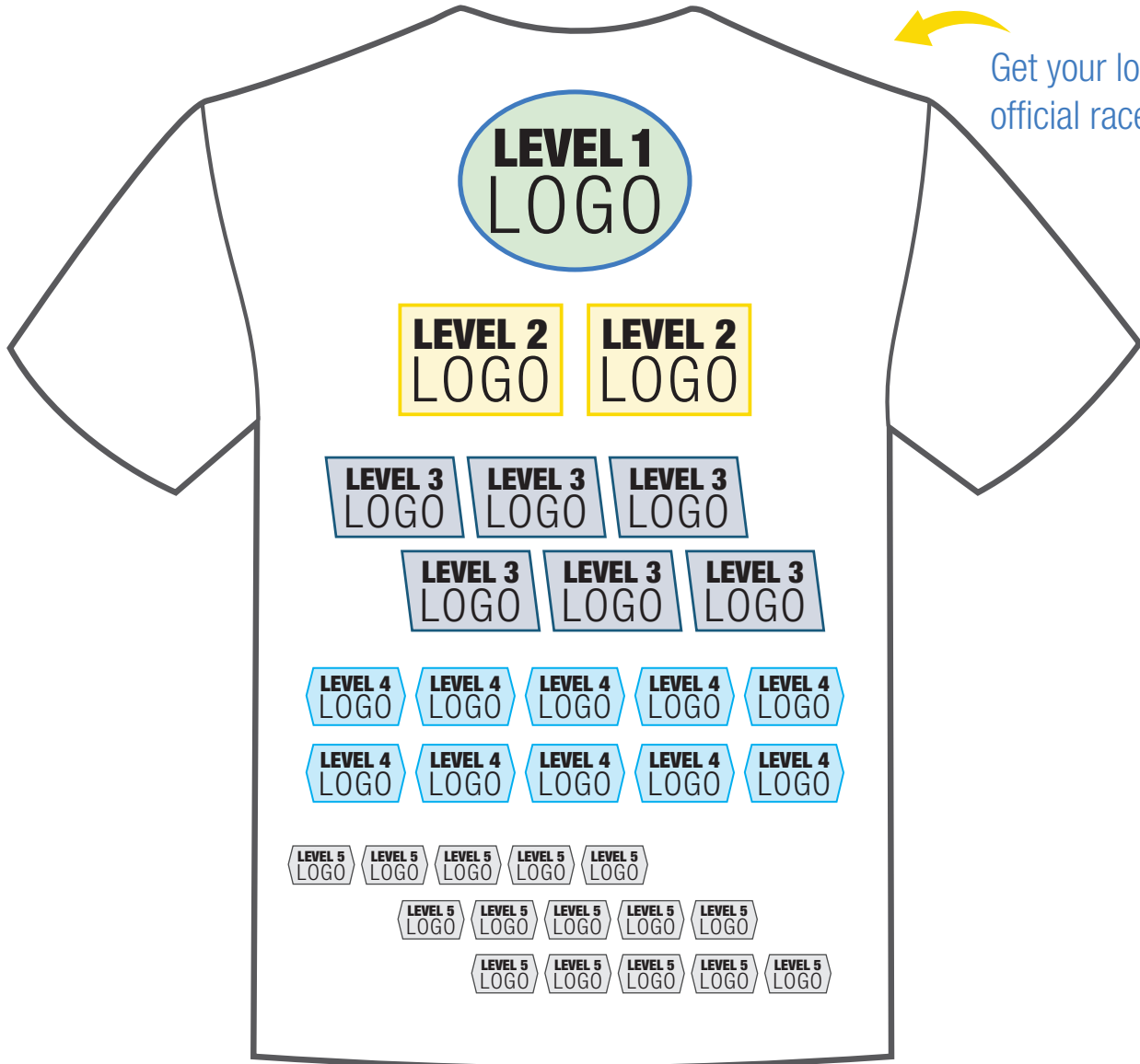


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Get your logo on our
official race tee back!



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SEPT 2026
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