



KIDNEY FOUNDATION OF OHIO

HARVEST WALK

SUNDAY, SEPTEMBER 13
8:00AM—11:00AM

ABOUT THE EVENT

The Harvest Walk is a family-friendly event at Mapleside Farms in Brunswick, OH.

Nearly 300 individuals will participate in the one-mile walk to raise awareness and funds for the Kidney Foundation of Ohio. Participants will receive giveaways, healthy snacks, and have the chance to learn more about kidney disease. The event will also feature a raffle, entertainment activities & more.

ABOUT THE KIDNEY FOUNDATION OF OHIO

The Kidney Foundation of Ohio is a nonprofit organization, based out of Cleveland, and has become the premier agency in Ohio for providing direct assistance and education to individuals suffering from kidney failure. The Foundation remains the only health and human service agency in Northeast Ohio to provide direct dollars to patients.

Over the past seventy-five years, the Kidney Foundation of Ohio has grown dramatically. Originally founded in 1950 by a group of physicians and parents whose children suffered from childhood nephrosis, the Foundation serves 32 counties in northern and eastern Ohio, five counties in northern West Virginia, as well as chapter affiliates in Lake and Summit counties.

The following programs address the financial needs of people suffering with kidney disease and help them improve compliance. The following programs are free of charge to kidney patients within the Foundation's service area:

- Medication, Transportation, and Emergency Grants
- Emergency Insulin
- Information & Referral Guidance
- Medical Identification Bands
- Professional, Youth, and Community Education



HARVEST WALK SPONSORSHIP LEVELS

PLATINUM SPONSORSHIP —\$5,000

- Company logo on email promotions, event signage, event site & social media
- Company logo on event t-shirts & walk path sign *(if confirmed by August 14)*
- Opportunity to have representative speak at event
- Opportunity to create promotional video or advertisement for social media
- Opportunity to distribute marketing materials to participants who attend packet pick-up prior to event day *(approximately 100 pieces)*
- Vendor table at event—with up to four representatives receiving a shirt
- Fee waived for up to six (6) additional walkers

GOLD SPONSORSHIP —\$2,500

- Company logo on event signage & event site
- Company logo on event t-shirts & walk path sign *(if confirmed by August 14)*
- Company name on email promotions & social media
- Opportunity to distribute marketing materials to participants who attend packet pick-up prior to event day *(approximately 100 pieces)*
- Vendor table at event—with up to two representatives receiving a shirt
- Fee waived for up to four (4) additional walkers

SILVER SPONSORSHIP —\$1,500

- Company logo on event t-shirts *(if confirmed by August 14)*
- Company logo on event site
- Company name on email promotions & event signage
- Opportunity to distribute marketing materials to participants who attend packet pick-up prior to event day *(approximately 100 pieces)*
- Vendor table at event—with up to two representatives receiving a shirt
- Fee waived for up to three (3) additional walkers

VENDOR TABLE —\$500

- Company logo on event t-shirts *(if confirmed by August 14)*
- Vendor table at event—with up to two representatives receiving a shirt

WALK PATH SIGN —\$250

- Company logo on walk path sign *(if confirmed by August 14)*
- Fee waived for one (1) walker

For questions or more information, please contact
Emily Powell at (216) 771-2700 or epowell@kfohio.org.



HARVEST WALK SPONSORSHIP AGREEMENT FORM

Sponsorship of the Kidney Foundation of Ohio Harvest Walk provides great opportunity to reach a wide audience of community members while helping fight against kidney disease.

SPONSORSHIP OPPORTUNITIES

<input type="checkbox"/> PLATINUM	\$5,000	<input type="checkbox"/> VENDOR	\$500
<input type="checkbox"/> GOLD	\$2,500	<input type="checkbox"/> WALK PATH SIGN	\$250
<input type="checkbox"/> SILVER	\$1,500	<input type="checkbox"/> DONATION	\$ _____ <i>Unable to sponsor, but would like to support</i>

We will fulfill this commitment by: Check, payable to Kidney Foundation of Ohio
 Credit card
 Send Invoice

Company Name: _____
THIS LISTING WILL APPEAR IN PRINTED MATERIALS

Contact: _____

Address: _____

Phone: _____ Email: _____

If paying by credit card

Name on Credit Card: _____

Credit Card Number: _____

Exp. Date: _____ Billing Zip Code: _____ Security Code: _____

PLEASE FAX/MAIL/EMAIL THIS FORM TO: Emily Powell
Kidney Foundation of Ohio | 6060 Rockside Woods Blvd N | Suite 117 | Independence, OH | 44131
216.771.2700 | epowell@kfohio.org
TAX ID: 34-0827748