

5th Annual Yes, Mamm! 5K Sponsorship Opportunities

Saturday, October 12, 2019 9:00 a.m. (rain or shine!)

101 RJ Corman Drive, Nicholasville, KY 40356

The Saint Joseph Hospital Foundation is proud to celebrate the fourth annual Yes, Mamm! 5K to be held at the RJ Corman Railroad Group in Nicholasville. Thanks to supporters like you over \$65,000 has been raised over the last four years to bring wellness, healing and hope to all we serve. The Yes, Mamm! 5K is a 5 kilometer run/walk to raise awareness and funds for breast cancer screenings for those individuals who are under-insured.

Join us for this fun filled day! To become a sponsor or to race, contact Meredith Herald at 859.313.1704.



Sponsor Benefits	Exclusive Presenting	Courageous	Wellness	Healing	Hope	Medal	Timing	Booth
Speaking opportunity before the start and opportunity to assist with start of the race	■							
Referenced as Presenting Sponsor on all marketing and communications	■							
Company permitted to use Yes, Mamm! 5K logo for promotional use	■	■						
Complimentary entries to the Yes, Mamm! 5K (Adult and/or Children)	Waived	15 entries	10 entries	5 entries				
Company acknowledged prior to race	■	■	■					
Recognition on media releases	■	■	■	■				
Listing and link on Foundation website	Logo top of site	Logo	Logo	Name	Name		Name	
Company featured on Yes, Mamm! 5K shirt	Logo on sleeve	Logo on back	Logo on back	Name	Name			
Exhibit Booth / Supply giveaway item to booth visitors	■	■	■	■	■			■
Company logo featured in specified course area	Start/Finish	Start/Finish	Start/Finish	Track	Track	Medals	Side Truss	
*Company name listed on back of all commemorative 5K medals						■		
All sponsorships are tax deductible to the extent the law permits	\$10,000	\$8,500	\$5,000	\$2,500	\$1,000	\$500	\$250	\$150

For more information, visit www.chisaintjosephhealth.org/yesmamm5k or contact Meredith Herald at 859.313.1704 or LauraMeredithHerald@sjhlex.org.

*A transaction fee of 4% is charged to all restricted fundraising to cover the cost of administration.



Saint Joseph Hospital Foundation

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Sponsorship Agreement Form

Contact Information (Please Print)

Company Contact Person

Company Name

Mailing Address

City State Zip

Phone Fax

Email Address of contact person

Please indicate how print recognition for this sponsorship should read

Please mail the completed forms to:
Saint Joseph Hospital Foundation
Attn: Meredith Herald
1451 Harrodsburg Road, Suite D308
Lexington, KY 40504

Or fax the completed forms to:
Attn: Meredith Herald
859.313.2016

Choose Sponsorship Level

- | | |
|--|----------|
| <input type="radio"/> Exclusive Presenting Reserved | \$10,000 |
| <input type="radio"/> Courageous | \$8,500 |
| <input type="radio"/> Wellness | \$5,000 |
| <input type="radio"/> Healing | \$2,500 |
| <input type="radio"/> Hope | \$1,000 |
| <input type="radio"/> Medal | \$500 |
| <input type="radio"/> Timing | \$250 |
| <input type="radio"/> Booth | \$150 |

Total Sponsorship Cost

\$

Multi-Year Sponsorship

(please indicate the number of years you are committed)

- ☐ Please send me an invoice for this sponsorship

Unless otherwise arranged, payment is appreciated within 30 days of signing this letter of commitment



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