

dale's shoes

Sponsorship Agreement

□ CORPORATION □ INDIVIDUAL

Saturday, September 9, 2017

Port Orange City Center Circle

For more information visit halifaxhealth.org/hospice/5k

Name:			
Contact Name:			
Company Name:			
Mailing Address:			
City:		State:	Zip:
Phone:	Email A	ddress:	
Contribution Value			
PRESENTING SPONSOR*:	_\$@₽ D)	KIDDIE DASH SPONSOR*:	□ \$1,250 -
PLATINUM SPONSOR:	\$2,500	WATER TABLE SPONSOR*:	☐ \$ Varies
GOLD SPONSOR:	□ \$1,500	DISTANCE MARKER SPONSOR*:	□ \$250
SILVER SPONSOR:	□ \$850	MOTIVATIONAL MARKER:	□ \$150
BRONZE SPONSOR:	□ \$500	VENDOR:	☐ \$250
☐ MEDIA OR IN-KIND SPONSOR *Limited Availability	Retail Value	MONETARY DONATION	Amount
Method of Payment			
☐ I have enclosed a check made paya	ble to Halifax Healtl	h - Hospice in the amount of: \$	
☐ Please bill my: ☐ Visa ☐ Masterca	ard Amex	Expi	ration Date:
Credit Card Number:		Sec.	Code/CVI:
Cardholder Name as it Appears on Ca	ard (please print): _		
Cardholder Signature:			
☐ Please bill me			
☐ I have emailed my logo to sheri.rob	obins@halifax.org		
	-	s must be print quality, preferably a vector-base JPG or TIF is acceptable. <i>Do not send logos c</i> e	
Signature of Sponsor:		Date:	
Your support is sincerely appreciated. The succe	ess of our 5K Run & Walk	is dependent upon receipt of your donation. By execution	of this agreement, you are affirming

Your support is sincerely appreciated. The success of our 5K Run & Walk is dependent upon receipt of your donation. By execution of this agreement, you are affirming your participation as a sponsor of the 5K Run & Walk and that payment, if not enclosed, is forthcoming. Proceeds benefiting our Family Caregiver Program are tax deductible to the full extent allowed by law. Sponsorship donations are non-refundable.

Please return Sponsorship Agreement to:

Halifax Health - Hospice, Attn: Fund Development 3800 Woodbriar Tr., Port Orange, FL 32129







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Benefits	\$3,500	\$2,500	\$1,500	\$850	\$500	\$1,250	\$ Varies	Markers \$250	Markers \$150	\$250
Exclusive sponsor	×					X				
Limited availability							×	×		
Logo on all collateral*	×									
Logo on front of t-shirt*	×									
Digital banner on Halifax Health Intranet*	×									
Radio interview opportunity	×									
Speak at event	×									
Company banner displayed on stage	×									
Assist with awards	×					KD medals only				
Acknowledgement at opening ceremony	×	×								
Linked "like" on Facebook page	×	×								
Facebook mentions	20	15	œ	4	2	6	<u> </u>			_
Website presence	logo	logo	logo	name	name	name				
Back of t-shirt*	logo	logo	logo	name	name					
Sponsorship banner (stage)*	logo	logo	logo	name	name	At KD table				
Minimum mentions at race	12	10	6	4	2	5	_			_
Included in email blasts to 4,000+*	×	×	×	×		×				
Table staffed by your company	×	×	×			KD table				
Course signage*	4	3	2	1		KD course		logo	name or message	
Complimentary team (incl. shirts)*	20	15	10	5	2					
Listed in all press releases*	×	Х	×	×		Χ				
Literature &/or items in goodie bags*	×	×	×	×	×	×				
Rack cards at packet pickup	×	×								
T-shirts (in addition to what comp team receives)*	12	10	8	6	4	7	2			1
Early collection of shirts and bags*	×	×	×							
Media or in-kind sponsorships available - Please contact for opportunities										

* Time sensitive benefits.

To reserve your sponsorship, or for additional information, please contact Priscilla Chanfrau at 386.425.8798 or priscilla.chanfrau@halifax.org