

# 17TH ANNUAL 5K RUN & WALK

Celebrating the Spirit of Caregiving

Presenting Sponsor

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## Sponsorship Agreement

- CORPORATION  
 INDIVIDUAL

## Saturday, September 8, 2018 at 8 am

Port Orange City Center Circle

### For more information visit [halifaxhealth.org/hospice/5k](http://halifaxhealth.org/hospice/5k)

*Proceeds support the Halifax Health - Hospice Family Caregiver Program*

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

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

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

## Contribution Value

- |   |                                      |  |   |
|---|--------------------------------------|--|---|
| PRESENTING SPONSOR*:                              | <input type="checkbox"/> <b>SOLD</b> | KID ZONE SPONSOR*:                         | <input type="checkbox"/> \$1,500 (1 Available)  |
| PLATINUM SPONSOR:                                 | <input type="checkbox"/> \$2,500     | WATER TABLE SPONSOR*:                      | <input type="checkbox"/> \$Varies (3 Available) |
| GOLD SPONSOR:                                     | <input type="checkbox"/> \$1,500     | DISTANCE MARKER SPONSOR*:                  | <input type="checkbox"/> \$250 (3 Available)    |
| SILVER SPONSOR:                                   | <input type="checkbox"/> \$1,000     | MOTIVATIONAL MARKER:                       | <input type="checkbox"/> \$150                  |
| BRONZE SPONSOR:                                   | <input type="checkbox"/> \$500       | VENDOR:                                    | <input type="checkbox"/> \$250                  |
| <input type="checkbox"/> MEDIA OR IN-KIND SPONSOR | _____                                | <input type="checkbox"/> MONETARY DONATION | _____   |
| <i>*Limited Availability</i>                      | Retail Value                         |  | Amount  |

## Method of Payment

I have enclosed a check made payable to Halifax Health - Hospice in the amount of: \$ \_\_\_\_\_

Please bill my:  Visa  Mastercard  Amex Expiration Date: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_ Sec. Code/CVI: \_\_\_\_\_

Cardholder Name as it Appears on Card (please print): \_\_\_\_\_

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

I have emailed my logo to [emily.smith@halifax.org](mailto:emily.smith@halifax.org). Logos must be received by AUGUST 6. Logos must be print quality, preferably a vector-based EPS or AI file. If a vector-based logo is not available, a high resolution (300 dpi) JPG or TIF is acceptable. **Do not send logos copied from websites.**

Signature of Sponsor: \_\_\_\_\_ Date: \_\_\_\_\_

Halifax Hospice, Inc., d/b/a Halifax Health - Hospice is exempt from federal income tax under Section 501(c)(3) I.R.C. Contributions are tax deductible to the extent allowed by law. Our tax ID number is 59-2661284. A COPY OF THE OFFICIAL REGISTRATION AND FINANCIAL INFORMATION MAY BE OBTAINED FROM THE DIVISION OF CONSUMER SERVICES BY CALLING TOLL-FREE WITHIN THE STATE 800-435-7352 OR CALLING OUTSIDE THE STATE 850-488-2221. REGISTRATION DOES NOT IMPLY ENDORSEMENT, APPROVAL, OR RECOMMENDATION BY THE STATE. Sponsorship donations are non-refundable.

### Please return Sponsorship Agreement to:

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

[emily.smith@halifax.org](mailto:emily.smith@halifax.org) • 386.425.4747



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WE HONOR VETERANS



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Benefits	Presented \$1,500	Platinum \$2,500	Gold \$1,500	Silver \$1,000	Bronze \$500	Kid Zone \$1,500	Water Tables (3) \$ Varies	Distance Markers (3) \$250	Motivational Markers \$150	Vendor \$250
Exclusive sponsor	X					X				
Logo on all collateral*	X									
Logo on front of t-shirt*	X									
Digital banner on Halifax Health Intranet*	X									
Radio interview opportunity	X									
Speak at event or grand marshal	X									
Company banner displayed on stage	X									
Assist with awards	X									
Acknowledgement at opening ceremony	X	X								
Banner prominently displayed at event	X	X								
Listed in all press releases*	X	X	X			X				
Included in email blasts to 50,000*	X	X	X			X				
Table staffed by your company	X	X	X	X		Kid Zone table				
Back of t-shirt*	logo	logo	logo	logo	name					
Sponsorship banner (stage)*	logo	logo	logo	name	name	Kid Zone table				
Website presence	logo	logo	logo	logo	name	logo				
Facebook mentions w/ company link	20	15	8	4	2	6	1			1
Minimum mentions at race	12	10	6	4	2	5	1			1
Course signage*	4	3	2	1	1	Kid Zone	X	logo	name or message	
Complimentary registration*	15	12	10	8	4	4				
Literature &/or items in goodie bags*	X	X	X	X	X	X				
Media or in-kind sponsorships available - Please contact for opportunities										

\* Time sensitive benefits.  
 To reserve your sponsorship, or for additional information, please contact Emily Smith at 386.425.4747 or [emily.smith@halifax.org](mailto:emily.smith@halifax.org).