

Sponsorship Agreement

□ CORPORATION □ INDIVIDUAL

Saturday, November 5, 2022 at 8 am

Port Orange City Center Circle

For more information visit halifaxhealth.org/hospice5k

Pro	ceeds support the Halifax H	ealth - Hospice Family Caregiver Program	
Name:			
Contact Name:			
Company Name:			
Mailing Address:			
City:		State:	Zip:
Phone:	Email Addre	ess:	
POWERED BY SPONSOR*:	\$5,000 (2 Available)	BRONZE SPONSOR:	□ \$500
PLATINUM SPONSOR:	□ \$3,000	DISTANCE MARKER SPONSOR*:	\$250 (3 Available)
GOLD SPONSOR:	□ \$2,000	VENDOR:	□ \$250
SILVER SPONSOR:	\$1,000	MOTIVATIONAL MARKER:	\$150
\square MEDIA OR IN-KIND SPONSOR		\square MONETARY DONATION	
*Limited Availability	Retail Value		Amount
	Retail Value		
Method of Payment			
☐ I have enclosed a check made paya	ble to Halifax Health - H	Iospice in the amount of: \$	
☐ Please bill my: ☐ Visa ☐ Masterca	ard Amex	Expiration Date:	
Credit Card Number:		Sec.	Code/CVI:
Cardholder Name as it Appears on Ca	ard (please print):		
Cardholder Signature:			
	~ ~	ist be received by OCTOBER 5. Logos must le, a high resolution (300 dpi) JPG or TIF is	
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, FL32129







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Exclusive sponsor	Benefits	Powered By \$5,000	Platinum \$3,000	Gold \$2,000	Silver \$1,000	Bronze \$500	Distance Markers (3 available) \$250	Motivational Markers \$150	Vendor \$250
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shirt* X <td>Logo on all collateral*</td> <td>×</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>	Logo on all collateral*	×							
Halifax Health Intranet* X <td>Logo on front of t-shirt*</td> <td>×</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>	Logo on front of t-shirt*	×							
portunity X U	Digital banner on Halifax Health Intranet*	×							
grand marshall X U	Radio interview opportunity	×							
displayed on stage X	Speak at event or grand marshall	X							
s X	Company banner displayed on stage	Х							
t at opening ceremony X	Assist with awards	X							
ly displayed at event X	Acknowledgement at opening ceremony	×	X						
releases* X X X X X X Desists* X	Banner prominently displayed at event	X	×						
blasts* X </td <td>Listed in all press releases*</td> <td>Х</td> <td>X</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>	Listed in all press releases*	Х	X						
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Instruction Ingo	Sponsorship banner (stage)*	logo	logo	logo	name	name			
16 12 6 4 2 1 1000 or message 1000 or message 10 1 <	Website presence	logo	logo	logo	name	name			
12 8 4 2 1 logo or message 1* 15 12 10 8 4 1 logo or message 2 1 1 1 logo or message 1	Facebook mentions w/ company link	16	12	6	4	2			_
4 2 1 1 1 logo 15 12 10 8 4 X X X X X	Minimum mentions at race	12	8	4	2	1			_
15 12 10 8 X X X X	Course signage*	4	2	_	1	1	logo	logo or message	
× × ×	Complimentary registration*	15	12	10	8	4			
	Literature &/or items in goodie bags*	×	×	×	×	×			

*Time sensitive benefits.

To reserve your sponsorship, or for additional information, please contact Emily Smith at 386.425.4747 or emily.smith@halifax.org.