



Sponsorship Agreement

Saturday, November 4, 2023 at 8 am

Port Orange City Center Circle

Corporation checkbox

Individual checkbox

For more information visit halifaxhealth.org/hospice5k

Proceeds support the Halifax Health - Hospice Family Caregiver Program

Name: _____

Contact Name: _____

Company Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email Address: _____

- POWERED BY SPONSOR* (checkboxes \$5,000, \$3,000, \$2,000, \$1,000)
PLATINUM SPONSOR (checkbox \$3,000)
GOLD SPONSOR (checkbox \$2,000)
SILVER SPONSOR (checkbox \$1,000)
MEDIA OR IN-KIND SPONSOR (checkbox)
BRONZE SPONSOR (checkbox \$500)
DISTANCE MARKER SPONSOR* (checkboxes \$250, \$250, \$150)
VENDOR (checkbox \$250)
MOTIVATIONAL MARKER (checkbox \$150)
MONETARY DONATION (checkbox)
Amount line
Retail Value line

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. Logos must be received by OCTOBER 5. 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 • 386.425.4747



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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
Exclusive sponsor	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						
Included in email blasts*	X	X	X					
Table staffed by your company	X	X	X	X				X
Back of t-shirt*	logo	logo	logo	name	name			
Sponsorship banner (stage)*	logo	logo	logo	name	name			
Website presence	logo	logo	logo	name	name			
Facebook mentions w/ company link	16	12	6	4	2			1
Minimum mentions at race	12	8	4	2	1			1
Course signage*	4	2	1	1	1	logo	logo or message	
Complimentary registration*	15	12	10	8	4			
Literature &/or items in goodie bags*	X	X	X	X	X			

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