

By becoming a sponsor of the Sheldon Shuffle Walk/Run 5k, you are not only supporting a great cause, but you are also investing in the health and well-being of our community. We encourage you to partner with us to make this event a success.



We offer a variety of sponsorship levels to suit your company's budget and marketing goals.

## Champion Sponsor (\$5,000):

- ★ Companylogo displayedon eventwebsite and ocia media shout-out
- ★ Banner display at the event and on our a figr ge
- ★ Company logo on event t-lirt
- ★ Booth promine at
- ★ PA annotation thanking your company's support
- Naming rights for the event (e.g., The [Company Name] Sheldon Shuffle 5k)
- ★ Complimentary race entry x 10

## Superhero Sponsor (\$2,500):

- ★ Companylogo displayedon eventwebsite and social media shout-out
- ★ Banner display at the event and on-course signage
- ★ Booth presence at race
- PA announcements thanking your company's support
- ★ Complimentary race entry x 6

## Mighty Sponsor (\$1,000):

- ★ Companylogo displayedon eventwebsite and social media shout-out
- Banner display at the event and on-course signage
- ★ Booth presence at race
- ★ Complimentary raceentryx3

## Sidekick Sponsor (\$500):

- ★ Companylogodisplayedoneventwebsite and promotional materials
- ★ Social media shout-out
- ★ On-course signage

Deadline to submit sponsorship is 10/13/25

We are incredibly grateful for the support of our sponsors who made last year's 5K a success.

**BAYADA** 

**Bancroft** 

Raising Cane's

WSFS

Pace Electrical

Services

Del-One FCU

Ralph G Degli Obizzi

& Sons

ThinkSecureNet, LLC

Kenny Family

Foundation

Chesapeake Gold

**Farms** 





#### **Sponsorship Participation Level**

We would like to participate at the following level:

- ☐ Champion Sponsor (\$5,000):
- ☐ Superhero Sponsor (\$2,500):
- ☐ Mighty Sponsor (\$1,000):
- Sidekick Sponsor (\$500):

# Deadline to submit sponsorship is October 13, 2025

For more information, contact:

Autumn Majewski Development Manager

amajewski @exceptionalcare.org 302-894-1001



#### **Sponsor Information**

Name:

Telephone:

Email:

Address:

City:

State:\_\_\_\_\_Zip:

#### **Payment Information**

- Paid online at **exceptionalcare.org**
- Check enclosed payable to
  Exceptional Care for Children
  11 Independence Way, Newark, DE 19713
- Please send an invoice to the address information above