



# 15TH ANNUAL WALK-A-THON 8TH ANNUAL 5K RUN SAT. OCTOBER 17, 2026

[RUNSIGNUP.COM/MARYSPLACEBYTHESEAWALK2026](https://runsignup.com/MarysPlaceByTheSeaWalk2026)

- Over 2,000 Participants
- Vendor Market
- Food Vendors
- Live Music by Pat Roddy Band

## SPONSORSHIP OPPORTUNITIES

### 15<sup>th</sup> Annual Walk-A-Thon & 8<sup>th</sup> Annual 5K Run – Saturday, October 17<sup>th</sup>, 2026 Ocean Pathway, Ocean Grove, NJ

- \$10,000** – Sisterhood Sponsor: Sponsor 10 women for a two-night retreat
- \$7,500** – Connection Sponsor: Sponsor 15 women for day retreats
- \$5,000** – Empowerment Sponsor: Provides individual professional counseling sessions for 75 guests
- \$3,500** – Resilience Sponsor: Sustains weekly group counseling sessions for 10 guests for 4 months
- \$2,500** – Nourishing Sponsor: Provide groceries and house supplies for 1 month
- \$1,000** – Companion Sponsor: Provide a two-night retreat for 1 guest
- \$800** – Healing Sponsor: Provides specialized oncology massages for 12 guests
- \$500** – Caring Sponsor: Support 1 guest for a day retreat
- \$250** – Serenity Sponsor: Provide guided imagery for up to 10 guests
- \$120** – T-shirt Sponsor: Company name to be listed on event T-Shirt

#### Sponsorship levels \$250.00 and above will have an opportunity to have:

- Your Company Logo posted on our social media and website
- Your company name listed on event T-Shirt
- Your company name announced at Walk/Run
- Your company logo on our sponsor banner at the Walk

Sponsors can register online at: [runsignup.com/maryplacebytheseawalk2026](https://runsignup.com/maryplacebytheseawalk2026)

Yes, I would like to be a sponsor for Mary's Place by the Sea, Inc. 15th Annual Walk-A-Thon.  
Please register my company as a \_\_\_\_\_ sponsor for the October 17<sup>th</sup> event.  
*Deadline to register for sponsorship is October 1, 2026.*

I am enclosing my check in the amount of \$\_\_\_\_\_. Please make checks payable to  
**Mary's Place by the Sea and mail to PO Box 86, Ocean Grove, NJ 07756**

Please bill my Credit Card:    MasterCard \_\_\_\_\_    Visa \_\_\_\_\_    AMEX \_\_\_\_\_    Discover \_\_\_\_\_

My account number is \_\_\_\_\_ Expiration Date: \_\_\_\_\_ CW Code: \_\_\_\_\_

Signature (required for all credit cards) \_\_\_\_\_

Name on Card: \_\_\_\_\_  
Company Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, St., Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_

Email logo to:  
[SWilson@marysplacebythesea.org](mailto:SWilson@marysplacebythesea.org)  
Questions? Please call Shawna Wilson  
at 732-455-5344