



Sponsorship Levels

| | Diamond Sponsor \$1,500 and above <input type="radio"/> | Platinum Sponsor \$1,400 - \$1,100 <input type="radio"/> | Gold Sponsor \$1,000 - \$600 <input type="radio"/> | Silver Sponsor \$550 - \$300 <input type="radio"/> | Bronze Sponsor \$250 - \$50 <input type="radio"/> |
|--|--|---|---|---|--|
| Start/Finish line recognition | X | | | | |
| Social media recognition | X | X | X | X | X |
| Website presence with hyperlink | X | X | X | | |
| Website presence without hyperlink | | | | X | X |
| Company logo included in race advertisements | X | X | | | |
| Special thank you in pre-race announcements | X | X | X | X | |
| Company logo on t-shirt* | X | X | X | | |
| Company name on t-shirt | | | | X | X |
| Company logo on route marker sign | X | X | X | | |
| Company materials in race bag** | X | X | X | X | X |
| Complimentary company race entries | 15 | 10 | 5 | - | - |
| Day of the race table | X | X | X | X | |

*Diamond and Platinum logo larger full color; Gold logo smaller full color

**Sponsors are welcome to donate additional race bag items (coupons, fun marketing items, etc.) or items for race day food/hydration.

In-kind contributions are accepted on a limited basis. Sponsor level is based on the fair market value of the product.

My company would like to make a charitable donation, without being listed as a sponsor. \$ _____

All proceeds help support us in our mission to provide bereavement support services to adults and children, public education and quality care to terminally ill patients and their loved ones in Klamath County and Northern California, regardless of individual circumstances.

Sponsorship Form

Please print clearly.

Company/Business/Organization _____

Contact _____

Billing Address _____

City _____ State _____ Zip _____

Email _____ Phone _____

_____ My company would like to pay via check. We have enclosed our check in the amount of \$_____. Please make checks payable to Klamath Hospice.

_____ My company would like to be invoiced in the amount of \$_____.

Please mail our invoice to the above address.

Please email our invoice to _____.

_____ My company would like to pay via credit card. Please complete the following information so that we can process your request in the amount of \$_____.

Visa Master Card American Express Discover

Card # _____ Expires _____ Security Code _____

Signature _____ Date _____

PLEASE RETURN BOTH SPONSORSHIP PAGES TO:



KLAMATH HOSPICE

ATTN: RUN/WALK

4745 S. 6th Street

Klamath Falls, OR 97603



All proceeds benefit our community through the services that Klamath Hospice provides.