



STRIDES OF HOPE 5K WALK/RUN
May 2, 2020
Heebner Park, Worcester Township
9:00 AM
bereavementcenter.org/stridesofhope/

SPONSORSHIP LEVELS

- Gold Sponsor** **\$ 1,000**
- Complimentary registration for a team of 10 walkers/runners
 - Company logo/name on race t-shirt
 - Company logo/name on website with link to your corporate website for one year
 - Display of company logo/name at registration/packet pick-up tables
 - Company logo/name on race advertisements
 - Logo and hyperlink on all event-related electronic newsletters
 - Social media blasts with company promotion
 - Sponsor recognition in race packets with your promotional material
 - Ability to set up an informational table to distribute your company promotional material or product samples
- Silver Sponsor** **\$500**
- Complimentary registration for a team of 5 walkers/runners
 - Company logo/name on race t-shirt
 - Company logo/name on website with link to your corporate website
 - Display of company logo/name at registration/packet pick-up tables
 - Company logo/name on race advertisements
 - Logo and hyperlink on all event-related electronic newsletters
 - Sponsor recognition in race packets with your promotional material
 - Ability to set up an informational table to distribute your company promotional material or product samples
- Bronze Sponsor** **\$250**
- Complimentary registration for a team of 3 walkers/runners
 - Company logo/name on race advertisements
 - Logo on event-related electronic newsletters
 - Company logo/name on website
 - Ability to set up an informational table to distribute your company promotional material or product samples
- Vendor** **\$50**
- Ability to set up an informational table to promote, distribute and sell your companies items

For more details please contact Donna at dp@bereavementcenter.org

SPONSORSHIP INFORMATION

NAME: _____ COMPANY: _____

ADDRESS: _____

CITY, STATE ZIP: _____

PHONE: _____

TOTAL: _____

METHOD OF PAYMENT

Check: Please make checks payable to: The Center for Loss and Bereavement

Credit Card: Visa Master Card American Express

Name : _____ Card Number: _____

Exp. Date: _____ Signature: _____

Please submit completed form and logo to Donna Piergallini dp@bereavementcenter.org or mail to:
The Center for Loss and Bereavement 3847 Skippack Pike, PO Box 1299, Skippack, PA 19474