



Saturday, October 19, 2024

Solomons Island

Registration at 7 a.m. | Race Begins at 8:30 a.m.

SPONSORSHIP OPPORTUNITIES

*All proceeds benefit the
Sheldon E. Goldberg Center for
Breast Care at CalvertHealth.*

Did You Know?



Calvert County has a **higher** rates than the state and national average for breast cancer deaths.

12.9%

of women in the U.S. will develop breast cancer at some time during their lives.

Breast Cancer Death Rates

25.6

deaths/ 100,000 females

Compared to:



MD Counties
21



U.S. Counties
19.6

TITLE SPONSOR — \$15,000

- Signature T-shirt for sponsor registrants/participants
- Company name on front of all shirts; signature and standard (Deadline: Sept 27)
- All participant photos will be branded with company logo
- Company logo on start/finish line
- Facebook Live on the day of the event
- Table and two chairs provided at display area on day of event
- Recognition on promotions within social media, press releases and more
- Recognition at podium on day of event
- Opportunity to advertise in registration packets (provided by Oct. 11)
- Fifty (50) race registration and reserved area for team in hospitality tent

CORPORATE SPONSOR — \$10,000

- Company logo on back of all shirts (Deadline: Sept. 27)
- Facebook Live on the day of the event
- Table and two chairs provided at display area on day of event
- Recognition on promotions within social media, press releases and more
- Recognition at podium on day of event
- Opportunity to advertise in registration packets (provided by Oct. 11)
- Thirty (30) race registrations and reserved area for team in hospitality team

PINK DIAMOND SPONSOR — \$5,000

- Facebook Live on the day of the event
- Company logo on back of participant shirt (Deadline: Sept. 27)
- Table and two chairs provided at display area on day of event
- Recognition on promotions within social media, press releases and more
- Recognition at podium on day of event
- Opportunity to advertise in registration packets (provided by Oct. 11)
- Twenty (20) race registrations and access to the hospitality tent

PLATINUM SPONSOR — \$3,000

- Company logo on back of participant shirt (Deadline: Sept. 27)
- Table and two chairs provided at display area on day of event
- Recognition on promotions within social media, press releases and more
- Recognition at podium on day of event
- Opportunity to advertise in registration packets (provided by Oct. 11)
- Ten (10) race registrations and access to the hospitality tent

GOLD SPONSOR — \$2,000

- Company logo on back of participant shirt (Deadline: Sept 27)
- Table and two chairs provided at display area on day of event
- Recognition on promotions within social media, press releases and more
- Recognition at podium on day of event
- Opportunity to advertise in registration packets (provided by Oct. 11)
- Eight (8) race registrations and access to the hospitality tent

SILVER SPONSOR — \$ 1,000

- Name listed on back of participant shirt (Deadline: Sept 27)
- Table and two chairs provided at display area on day of event
- Recognition on promotions within social media, press releases and more
- Recognition at podium on day of event
- Opportunity to advertise in registration packets (provided by Oct. 11)
- Five (5) race registrations and access to the hospitality tent

Calvert**Health** Breast Cancer **RUN/WALK**

SPONSORSHIP | REGISTRATION



REGISTRATION

- ☐ Early Bird Race Fee \$40
(Before Oct. 13, 2024)
- ☐ Race Day Fee \$50

SPONSORSHIP OPPORTUNITIES

Title Sponsor	\$15,000
Corporate Sponsor	\$10,000
Pink Diamond Sponsor	\$5,000
Platinum Sponsor	\$3,000
Gold Sponsor	\$2,000
Silver Sponsor	\$1,000

FULL NAME (Please Print) _____

TITLE _____

ORGANIZATION _____

MAILING ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

EMAIL _____ PHONE _____ FAX _____

Please make checks payable to: CalvertHealth Foundation, Inc. My check for \$_____ is enclosed.

CalvertHealth Foundation accepts the following credit cards:

☐ Visa ☐ MasterCard ☐ American Express ☐ Discover AMOUNT TOTAL \$ _____

Card number _____ Security Code # _____

Name as it appears on your card (please print) _____

Authorized Signature _____ Expiration Date _____

Please mail completed form to: CalvertHealth Foundation, PO Box 2127, Prince Frederick, MD 20678

For additional information, visit CalvertHealthFoundation.org/CH-5K or call 410.414.4570.