## CalvertHealth Breast Cancer Virtual 5K RUN/WALK A Month of Hope, Inspiration and Celebration

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#### Join the Cause!

- Spread the word about breast health
- Perform monthly breast self-exams
- Get a mammogram after age 40 annually

For more information, please call the CalvertHealth Foundation at: 410-535-8348 or email: foundation@ calverthealthmed.org

## OCTOBER 1-31, 2020

We appreciate your passion for this important cause. Breast cancer has touched so many people, families and friends and the CalvertHealth Breast Cancer 5K has been a way to remember and honor the special people in our lives who have been impacted by this disease.

### SPONSORSHIP OPPORTUNITIES

We know that the current environment is posing unique challenges in reaching your current and potential customers. As a sponsor of our 2020 5K, we want to think out of the box and help find ways that meet your unique marketing needs. The community likes to support businesses who support the community, and we want your sponsorship of the 5K to be known by all! *How can we earn your sponsorship support and partnership?* 

#### TRADITIONAL SPONSORSHIP LEVELS

GOLD SPONSOR — \$2,000 SILVER SPONSOR — \$ 1,000 BRONZE SPONSOR — \$500 MOVE MORE SPONSOR — \$250 MEMORIAL TRIBUTE — \$100 What sponsorship benefits would interest you? Can we make special call outs about your business through videos and social media posts during our month-long virtual 5K event?

- Can we offer to do a "Sponsor Spotlight" on our event's Facebook page with photos and info you'd like to share?
- Do you have branded materials you would like to put in our 5K participant bags?
- Do you have a promotion, coupon or discount code you would like to share with 5K participants?
- Would you like your sponsor name to be included on the back of our 5K t-shirts?

### SPONSORSHIP



#### **SPECIAL INSTRUCTIONS for sponsorship**

FULL NAME (Please Print)			
TITLE			
ORGANIZATION			
MAILING ADDRESS			
CITY	STATE	ZIP CODE	
EMAIL	PHONE	FAX	
<i>Please make checks payable to:</i> CalvertHealth Foundation, Inc. My check for \$ is enclosed.			
CalvertHealth Foundation accepts the following credit cards: Visa O MasterCard O American Express O Discover AMOUNT TOTAL \$			
Card number	Security Code #		
Name as it appears on your card (please print)			
Authorized Signature	Expiration Dat	te	
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.