



WALK CABARRUS SPONSORSHIP CONTRACT through Cabarrus Healthcare Foundation

CONTACT INFORMATION

Business Name: _____

Name as it should be listed on Marketing Materials: _____

Contact Person: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

Email Address: _____

Website: _____

SPONSORSHIP LEVEL & PAYMENT

Cabarrus Healthcare Foundation is a nonprofit 501(c)(3); donations to the Foundation are tax deductible to the fullest extent of the law. Tax ID # is 58-2055709.

Select Sponsorship Level

Please review all sponsorship levels & benefits on the **back of this page** before selecting.

- Presenting Sponsor - \$25,000
- Leaderboard Sponsor - \$10,000
- Where to Walk Sponsor - \$5,000
- Dashboard Sponsor - \$2,500
- Sprinting Sponsor - \$1,000
- Starting Line Sponsor - \$500
- Gift of Support - \$ _____

Choose Payment Method

Check: Enclose your check made payable to Cabarrus Healthcare Foundation

Credit
Name: _____

Card #: _____

CVV: _____ Exp. Date: _____

Signature: _____

Invoice Me



Presenting Sponsor
(\$25,000)

Leaderboard Sponsor
(\$10,000)

Where to Walk Sponsor
(\$5,000)

Dashboard Sponsor
(\$2,500)

Sprinting Sponsor
(\$1,000)

Starting Line Sponsor
(\$500)

Atrium Health Ballpark Banner



Banner Ads on Website



Logo on Printed Materials



Mention in Press Release



Featured Webpage

Homepage

Leaderboards

Where to Walk

Dashboard

Logo on Member Dashboard



Email & Social Media Spotlights



Name on Sponsor Webpage

Logo (Tier 1)

Logo (Tier 2)

Logo (Tier 2)

Logo (Tier 3)

Logo (Tier 3)

Listing