

Sponsorship Commitment

Thank you for sponsoring the Race for Kids! Your support benefits the ongoing work done by Franciscan Health pediatric departments. Please fill out the following form and return with your payment to the address below.

Organization _____

Contact Person _____ Title: _____

Address _____

City/State/Zip _____

Email _____

Website: _____

Phone: _____

Partnership Opportunities:

Platinum (\$5,000)

Gold (\$2,500)

Silver (\$1,000)

Bronze (\$500)

Sign Sponsor (\$250)

In Kind _____

Method of Payment

Please invoice me

Check enclosed

Make checks payable to Franciscan Health Foundation – Western Indiana

Mail to: Franciscan Health Foundation, 1501 Hartford Street, Lafayette, IN 47904

Credit Card American Express

Mastercard

VISA

Card number: _____

CVV code: _____ Expiration date: _____ Name on card: _____

Signature _____

Contact name

Signature on behalf of organization (required)

Date (required)

If hosting a booth please include proof of insurance.

Please email logo to Jen Eberly at Jennifer.Eberly@franciscanalliance.org in PDF or JPEG format for t-shirt and signage no later than May 1. Contact Jen at (765) 423-6812 with any questions.