

12TH ANNUAL 5K

WALK RUN

FOR CANCER CARE

9/26



Join us for our
VIRTUAL 5K!

SPONSORSHIP OPPORTUNITIES

SOCIAL MEDIA Sponsor

\$7,500.00

- Company logo on custom Facebook photo filter, event banner, balloon ribbon, back of T-shirt, and 5K website
- 10 Participants and 10 T-shirts
- Recognition during award live stream
- Opportunity to distribute promotional items at t-shirt pickup

BANNER Sponsor

\$5,000.00

- Company logo on event banner, balloon ribbon, back of T-shirt, and 5K website
- 10 Participants and 10 T-shirts
- Recognition during award live stream
- Opportunity to distribute promotional items at t-shirt pickup

RIBBON Sponsor

\$3,500.00

- Company logo on event banner, 7 foot balloon ribbon outside of Cancer Center, back of T-shirt, and 5K website
- 8 Participants and 8 T-shirts
- Recognition during award live stream
- Opportunity to distribute promotional items at t-shirt pickup

MARATHONER Sponsor

\$2,500.00

- Company logo on event banner, back of T-shirt and 5k website
- 6 Participants and 6 T-shirts
- Recognition during award live stream
- Opportunity to distribute promotional items at t-shirt pickup

JOGGER Sponsor

\$1,000.00

- Company Logo on back of T-shirt
- 4 Participants and 4 T-shirts
- Recognition during award live stream
- Opportunity to distribute promotional items at t-shirt pickup

WALKER Sponsor

\$500.00

- Company Logo on back of T-shirt
- 2 Participants and 2 T-shirts
- Recognition during award live stream

Proceeds from the 5K will continue to support patient care as well as the purchase of technological advances in our Radiation Oncology department. Our mission is to provide exceptional cancer care that is comprehensive, comforting and close to home.

2020 SPONSORSHIP REPLY FORM

Saturday, September 26, 2020



Yes, I will support Griffin Hospital!

- SOCIAL MEDIA \$ 7,500.00
- BANNER \$ 5,000.00
- RIBBON \$ 3,500.00
- MARATHONER \$ 2,500.00
- JOGGER \$ 1,000.00
- WALKER \$ 500.00

Name _____
Company _____
Street _____
City _____ State ____ Zip _____
Email _____
Phone _____

My gift is in honor of _____

My gift is in memory of _____

My team name is _____

Names of participants:

- I have enclosed a check for \$ _____
- Please charge my credit card \$ _____

- 1 _____
- 2 _____
- 3 _____
- 4 _____
- 5 _____
- 6 _____
- 7 _____
- 8 _____
- 9 _____
- 10 _____

- MasterCard VISA AMEX

Name on card _____
Billing Address _____

Card number _____
Expiration _____ Security code _____



Contact us at 203-732-7466 or 5kwalkrun@griffinhealth.org with any questions

The Center for Cancer Care at Griffin Hospital
350 Seymour Avenue, Derby, CT 06418