



Saturday, May 18, 2019

Sponsorship Form

Company Name:
(As you would like it to appear in event marketing materials)

Contact Name (If different from above):

Address:

Email:

Phone #:

Sponsorship Level:

- Tribute Sponsor \$5,000
- Sustaining Sponsor \$2,500
- Supporting Sponsor \$1,000
- Friend \$ 500

Please email your logo to **ckielar@emersonhosp.org**

Enclosed is my check payable to: **Emerson Hospital**
133 Old Road to Nine Acre Corner
Concord, MA 01742

Attn: Development Office/ Run-Walk

Thank you for your generous sponsorship of the Emerson Hospital 5K Run~Walk for Cancer.