



June 9, 2018

Sponsorship Commitment Form

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

Contact Name (If different from above): _____

Title: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Phone: _____

If you have a logo, please email it to: anesmith@emersonhosp.org

Sponsorship Opportunities:

- | | |
|---|---------|
| <input type="checkbox"/> Tribute Sponsor | \$5,000 |
| <input type="checkbox"/> Sustaining Sponsor | \$2,500 |
| <input type="checkbox"/> Supporting Sponsor | \$1,000 |
| <input type="checkbox"/> Friend | \$500 |
| <input type="checkbox"/> Other | \$_____ |

For more information on sponsorship opportunities, please contact **Christine Kielar** at runwalk@emersonhosp.org or 978-287-8765.

Payment information (please do not mail cash):

Please charge \$ _____ to my account Visa MC Amex Discover

Name on credit card _____

Credit card number _____ Exp. _____ CVV Code: _____

Signature _____

I am enclosing a check for \$ _____ payable to Emerson Healthcare Foundation

Attn: Run~Walk for Cancer, Emerson Healthcare Foundation, 133 Old Road to Nine Acre Corner, Concord, MA, 01742

www.EmersonHospital.org/5k