

16TH ANNUAL

5K

walkrun FOR CANCER CARE

SPONSORSHIP OPPORTUNITIES

PREMIER Sponsor **\$7,500**

- Company logo on event banner, balloon ribbon, back of T-shirt and 5K website
- 12 participants and 12 T-shirts
- Recognition during award presentation
- Opportunity to distribute promotional items at event

BANNER Sponsor **\$5,000**

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

RIBBON Sponsor **\$3,500**

- 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 presentation
- Opportunity to distribute promotional items at event

MARATHONER Sponsor **\$2,500**

- Company logo on event banner, back of T-shirt and 5K website
- 6 participants and 6 T-shirts
- Recognition during award presentation
- Opportunity to distribute promotional items at event

JOGGER Sponsor **\$1,000**

- Company logo on back of T-shirt
- 4 participants and 4 T-shirts
- Recognition during award presentation
- Opportunity to distribute promotional items at event

WALKER Sponsor **\$500**

- Company logo on back of T-shirt
- 2 participants and 2 T-shirts
- Recognition during award presentation



SATURDAY
SEPT 28 **9 AM**



2024 SPONSORSHIP OPPORTUNITIES

Yes, I will support Griffin Hospital

PREMIER
\$7,500.00

BANNER
\$5,000.00

RIBBON
\$3,500.00

MARATHONER
\$2,500.00

JOGGER
\$1,000.00

WALKER
\$500.00

NAME _____

COMPANY _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

EMAIL _____ PHONE _____

I have enclosed a check for \$ _____

Please charge my credit card \$ _____

Master Card Visa AMEX

NAME ON CARD _____

BILLING ADDRESS _____ CITY _____ STATE _____ ZIP _____

CARD NUMBER _____ EXPIRATION _____ SECURITY CODE _____

My gift is in honor of _____

My gift is in memory of _____

My team name is _____

NAME OF PARTICIPANTS

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____
11. _____
12. _____

Contact us at 203-732-1263 or
5kwalkrun@griffinhealth.org with any questions

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

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.