

CASH SPONSORSHIP FORM

New Albany Thanks For Giving Four Miler 2019

SPONSORSHIP RESPONSE FORM

Yes, I want to help put on a GREAT event and support LifeCare Alliance, the Mid-Ohio Foodbank, and the New Albany Community Foundation Thanksgiving Fund by sponsoring the New Albany Thanks For Giving Four Miler on Thursday, November, 28 2019.

Visit www.narun.org for more information

<input type="checkbox"/> Naming Sponsor - \$25,000 single sponsor OR \$10,000 shared (up to 3)	<ul style="list-style-type: none">Naming sponsor's name in race title, name included in all marketing materials and on t-shirts, inclusion in banner on day of the race, special thank you announcement at the race, recognition in all media releases, and listed on Thanks For Giving Race's websites. Sponsorship also includes two tickets to LifeCare Alliance's "Big Wheels" Gala in February. Free immediate family registration.
<input type="checkbox"/> Thanks For Giving Kids Dash Sponsor - \$7,500 single sponsor OR - \$3,000 shared (up to 3)	<ul style="list-style-type: none">Naming Sponsor's name in kid's race title, name included in all marketing materials and on t-shirts, inclusion in banner of the race, special thank you announcement at the race, recognition in all media releases, and listed on Thanks For Giving Race's websites. Sponsorship also includes two tickets to LifeCare Alliance's "Big Wheels" Gala in February. Free immediate family registration.
<input type="checkbox"/> Pillar of the Community Sponsor - \$5,000 single sponsor (4 max) - \$2,500 shared (up to 2 per mile)	<ul style="list-style-type: none">Sponsor's name will be prominently displayed on a mile marker along the race route and these sponsors are encouraged to have some fun and bring their own additional display materials to help cheer on participants. Sponsorship at this level also includes: appearance in all marketing materials and on t-shirts, special thank you announcement at the race, recognition in all media releases, and listed on Thanks For Giving Race's websites. Sponsorship also includes two tickets to LifeCare Alliance's "Big Wheels" Gala in February. Free immediate family registration.
<input type="checkbox"/> Silver Platter Sponsor - \$1,000	<ul style="list-style-type: none">Sponsor's name in all marketing materials and on t-shirts, dedicated quarter mile recognition, commemorative plaque, inclusion on side banner on display during race, special thank you announcement at the race, recognition in all media releases, and listed on Thanks For Giving Race's websites. Free immediate family registration.
<input type="checkbox"/> Generous Business Sponsor - \$500	<ul style="list-style-type: none">Sponsor's name in all marketing materials and on t-shirts, inclusion in banner on display during race, special thank you announcement at the race, recognition in all media releases, and listed on Thanks For Giving Race's website. Free immediate family registration.
<input type="checkbox"/> Generous Family Sponsor - \$500	<ul style="list-style-type: none">Sponsor's name in all marketing materials and on t-shirts, inclusion in banner on display during race, special thank you announcement at the race, recognition in all media releases, and listed on Thanks For Giving Race's website. Free immediate family registration.

Enclosed pledge is \$_____ for sponsorship at the _____ level.

**Please mail this form to: New Albany Charity Run
4395 Olmsted Drive, New Albany, Ohio 43054**

Please **print** your company/individual name *exactly* as you want it to be listed for recognition purposes:

CONTACT NAME _____

COMPANY NAME _____ Telephone (____) _____

ADDRESS _____ Fax (____) _____

CITY _____ STATE _____ ZIP _____ E-Mail _____

To make payment of donation, please mail check along with this form or add your credit card information below.

You can also donate by visiting our website at www.narun.org to make payment online.

By entering your credit card information below, you, the cardholder, authorize New Albany Charity Run, Inc. to charge your credit card for the donation amount selected above.

Card Type: _____ Card Number: _____

Exp. Date (mo/year): _____ CVV: _____ Billing Zip Code: _____

