

# Franciscan Community Day 5K, 1 Mile and Free Kids Dash

## Saturday, Sept. 15, 2018

The goal of the Franciscan Community Day races is to raise awareness and funds for the Franciscan Health Crawfordsville Emergency Department. All proceeds will help purchase equipment and provide much needed support to the Emergency Department and their patients.

### *Inspiring Health in our Community*

Franciscan Health is committed to inspiring health in the communities we serve. Our mission is always at its strongest with the help and support of community members.

### *Sponsorship levels and benefits*

BENEFITS	PLATINUM <del>\$2,000</del> <b>SOLD</b>	GOLD \$1,000	SILVER \$500	BRONZE \$250	SIGN SPONSOR \$150	IN-KIND*
Top billing in all publicity "Presented by"	✓					
Sponsor logo on race advertising	✓					
Event booth at race or Community Day	✓	✓				
Sponsor logo on race & Community Day T-Shirt	✓	✓	✓	✓		
Sponsor logo on event banner	✓	✓	✓	✓	✓	✓
Sponsor logo on event website	✓	✓	✓	✓	✓	✓
Complimentary race entries	6	4	3	2	1	
Sponsor logo on race course sign	4	2	1			

\* In-kind sponsors are those providing race packet samples, food or prizes.

Please contact Jen Eberly at [Jennifer.Eberly@franciscanalliance.org](mailto:Jennifer.Eberly@franciscanalliance.org) or (765) 423-6812 with any questions.



# Sponsorship Commitment

Thank you for sponsoring the Franciscan Community Day races! Your support benefits the life-saving work done in the Franciscan Health Crawfordsville Emergency Department. Please fill out the following form and return with your payment to the address below.

Organization \_\_\_\_\_

Contact Person \_\_\_\_\_ Title: \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Email \_\_\_\_\_

Website: \_\_\_\_\_

Phone: \_\_\_\_\_

## Partnership Opportunities:

- Platinum (\$2,000) **SOLD**       Gold (\$1,000)       Silver (\$500)  
 Bronze (\$250)       Sign Sponsor (\$100)  
 In Kind \_\_\_\_\_

## Method of Payment

Please invoice me

Check enclosed

Make checks payable to: Franciscan Health Foundation – Western Indiana

Mail to: Franciscan Health Foundation, 1501 Hartford Street, Lafayette, IN 47904

Credit Card       American Express       Mastercard       VISA

Card number: \_\_\_\_\_

CVV code: \_\_\_\_\_ Expiration date: \_\_\_\_\_ Name on card: \_\_\_\_\_

Signature \_\_\_\_\_

\_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_  
Contact name      Signature on behalf of organization (required)      Date (required)

Please email logo to Jen Eberly at Jennifer.Eberly@franciscanalliance.org in PDF or JPEG format for t-shirt no later than Sept. 1. Contact Jen at (765) 423-6812 with any questions.

