

9TH ANNUAL



“Caribbean Cruise” 10K & 5K run & walk September 12, 2015 Sponsorship Form

A benefit for the upgrade and modernization of the Ambulatory Services Unit.

COMPANY NAME: _____

CONTACT NAME: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

PHONE NUMBER: (____) _____ FAX NUMBER: (____) _____

SPONSORSHIP LEVEL:

_____ **\$550 Gold Medal Sponsor**

- Sponsor name and logo will appear on mile marker signs throughout course.
- Sponsor name and logo will appear on refreshment stands throughout course.
- Sponsor will be included in event news releases distributed to local media.
- Sponsor name and logo will appear on the Davenport and Taylor website.
- Sponsor will be listed on the back of the T-shirts as a Gold Sponsor.

_____ **\$450 Silver Medal Sponsor**

- Sponsor name and logo will appear on refreshment stands throughout course.
- Sponsor will be included in event news releases distributed to local media.
- Sponsor name and logo will appear on the Davenport and Taylor website.
- Sponsor will be listed on the back of the T-shirts as a Silver Sponsor.

_____ **\$350 Bronze Medal Sponsor**

- Sponsor will be included in event news releases distributed to local media.
- Sponsor will be listed on the back of the T-shirts as a Bronze Sponsor.

_____ **Media trade**

Pick your sponsorship level and receive what is included in that package.

Confirmation deadline to be included on the T-shirt is August 17th

Please make checks payable to
Keuka Health Care Foundation. Send check with sponsorship form to:

**KEUKA HEALTH CARE FOUNDATION
IRA DAVENPORT MEMORIAL HOSPITAL
7571 STATE ROUTE 54
BATH, NY 14810**

For additional information or to participate contact Kim Sprague at (607) 776-8634 or email kimsprague@roadrunner.com or fax this form to 776-8817. KHCF is a non-profit, tax-exempt 501 (c) (3) corporation. ID# 16-1461215

