

INSPIRING HEALTH 5K

+ 1 MILE WALK

2ND ANNUAL



September 30, 2017

Registration begins at 7 a.m., race starts at 8 a.m.

Coconut Point mall (starting line behind Target)

Benefiting: Health & Wellness and Shipley Cardiothoracic Center
Hosted by: Shipley Cardiothoracic Center & Healthy Life Center

SPONSORSHIP LEVELS:

1. Presenting Sponsor - \$5,000 (one available)

- Company logo as “Presenting Sponsor” on all promotional materials and on website
- “Presenting Sponsor” recognition at event
- Company logo prominently displayed on race t-shirts
- Booth at the race – prime location
- Promotional item in participant goodie bags (company provides)
- 6 runner entries with bibs and t-shirts

2. Platinum Sponsor - \$2,500

- Logo on promotional materials and website
- Company recognition at event
- Company logo displayed on race t-shirts
- Booth at the race
- Promotional item in participant goodie bags (company provides)
- 4 runner entries with bibs and t-shirts

3. Gold Sponsor - \$1,000

- Listed as sponsor on website
- Company logo on race t-shirt
- Booth at the race
- Promotional item in participant goodie bags (company provides)
- 3 runner entries with bibs and t-shirts

4. Silver Sponsor - \$500

- Listed as sponsor on website
- Company logo on race t-shirt
- Booth at the race
- 2 runner entries with bibs and t-shirts

5. Bronze Sponsor - \$150 each, \$300 for 3, \$500 for all 4

- 3 mile markers: company name prominently displayed at 1-mile mark, 2-mile mark, or 3-mile mark
- 1 water station: company name prominently displayed at water station



LeeHealth.org



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SPONSORSHIP OPPORTUNITIES

YES, I'D LIKE TO BE A SPONSOR

Presenting Platinum Gold Silver Bronze

Name: _____

Company: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: (____)____-____ E-mail Address: _____

Payment Information:

Enclosed is my check in the amount of \$ _____

Please make check(s) payable to: LMHS Foundation

PLEASE CHARGE MY DONATION TO:

Check one: Visa Mastercard AMEX Discover

Credit Card Account Number: _____

Name (as it appears on credit card): _____

Expiration Date: _____/____ CSV code: _____

**Shibley Cardiothoracic Center
c/o Jason Powella, Lee Health Foundation
16451 HealthPark Commons Drive, STE 200
Fort Myers, Florida 33908
239-343-6065**

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