



5K STROKE AWARENESS RUN

Sponsorship Agreement

PLEASE RETURN BY APRIL 18, 2019 TO BE INCLUDED FOR SPONSORSHIP RECOGNITION.

BUSINESS/NAME
FOR RECOGNITION: _____

CONTACT NAME: _____

MAILING ADDRESS: BUSINESS RESIDENTIAL

EMAIL: _____

PHONE: HOME CELL WORK _____

Sponsor Levels	<input type="checkbox"/> MVP - \$10,000	<input type="checkbox"/> TIME IS BRAIN ADVOCATE - \$1,000
	<input type="checkbox"/> CHAMPION FOR STROKE - \$5,000	<input type="checkbox"/> MIND, BODY & SOLE SUPPORTER - \$500
	<input type="checkbox"/> STROKE AWARENESS WARRIOR - \$2,500	<input type="checkbox"/> F.A.S.T. FRIEND - \$250

PAYMENT INFORMATION

- I have enclosed my check payable to: Mercy Medical Center Merced Foundation
- Please charge my credit card:

CARD NUMBER: _____

EXP. DATE: _____ CVV: _____

* Please note: a confirmation email with logo submission and race registration instructions will be sent to the email listed above upon receipt of this form.