SPONSORSHIP FORM

We ask that you please fill out the following form to confirm your sponsorship and return to CleftStrong by <u>September 1, 2024</u>.

Completed forms may be returned by mail or to chelsea@cleftstrong5k.com

CONTACT INFORMATION: Company Name Contact Person Contact E-mail Address **Contact Phone Number** Address City/State/Zip Code **PAYMENT INFORMATION:** SPONSORSHIP PACKAGES: ____ Richie's Champion \$10,000 ____ I have enclosed a check made __ Richie's Heroes \$5,000 payable to CleftStrong __ Richie's Warriors \$2,500 Please charge my credit card __ Richie's Soldiers \$1,000 Card Type: ___ Corporate Team \$500 Visa / MC / AmEx / Discover ____ Booth Sponsor \$100 __ Race Packet Insert Inclusion \$30 __ Richie's Captains IN KIND Card Number * *Please list type of In Kind donation here:___ **Expiration Date** Security Code Billing Zip Code *Market Value of In Kind Donation Check Payments may be mailed to: CleftStrong 1150 N. Loop 1604 W. Ste 108-300 San Antonio, Texas 78248 IMPORTANT: If the sponsorship option you selected includes a display of your company logo, please send Credit Card payments may be emailed to: your high resolution color logo (.eps or vector) to chelsea@cleftstrong5k.com chelsea@cleftstrong5k.com asap so that it may be sized and displayed clearly. If your sponsorship option includes a booth space, please check the items \$ _____ Total Sponsorship Cost you would like for us to provide (first come, first Signature serve, no later than 9/1): Date Table cloth Thank you for your Support! 1 table We will be in contact with you once we receive 2 chairs

your completed sponsorship form regarding

benefits and event arrangements.