# HONORHEALTH RESEARCH INSTITUTE PRESENTS STEPPIN' UP AGAINST PANCREATIC CANCER

## WITH SEENA MAGOWITZ FOUNDATION

### HONOR HEALTH



**Research Institute** 

## **2024 SPONSORSHIP PACKAGES**

### Presenting Sponsor (One opportunity available)

- Industry exclusivity, first right of refusal for subsequent years
- Complimentary registration for 30 team members to join the walk
- $\boldsymbol{\cdot}$  Company name/logo listed as "Presented by" on all communications and event
- marketing materials including social media posts and event website
- Opportunity to provide a 60 second video to highlight your organization and support for Steppin' Up Against Pancreatic Cancer to be played at the event
- Logo featured on participant t-shirts (if received by September 30, 2024)
- Logo recognition displayed on event signage along the event route
- Opportunity to provide a promotional item for participants

### Gold Level

- Complimentary registration for 25 team members to join the walk
- $\boldsymbol{\cdot}$  Logo recognition as Gold Sponsor on all event collateral
- Logo recognition on Steppin' Up Against Pancreatic Cancer website
- Logo featured on participant t-shirts (if received by September 30, 2024)
- · Acknowledgment in the event-related emails
- $\boldsymbol{\cdot}$  Logo recognition displayed on event signage along the event route
- $\boldsymbol{\cdot}$  Opportunity to provide a promotional item for participants

### Silver Level

- Complimentary registration for 20 team members to join the walk
- $\boldsymbol{\cdot}$  Logo recognition as Silver Sponsor on all event collateral
- Logo recognition on Steppin' Up Against Pancreatic Cancer website
- Logo featured on participant t-shirts (if received by September 30, 2024)
- Acknowledgment in the event-related emails
- $\cdot$  Logo recognition displayed on event signage along the event route
- $\boldsymbol{\cdot}$  Opportunity to provide a promotional item for participants

### \$7,500.00

\$10,000.00

### CONTACT US: 936-615-0753

\$5,000.00

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### HONOR HEALTH\*



**Research Institute** 

## \$3,000.00

**2024 SPONSORSHIP PACKAGES** 

- Bronze Level
- Complimentary registration for 15 team members to join the walk
- Logo recognition on Steppin' Up Against Pancreatic Cancer website
- Logo featured on participant t-shirts (if received by September 30, 2024)
- Acknowledgment in the event-related emails
- · Logo recognition displayed on event signage along the event route
- Opportunity to provide a promotional item for participants

### **Copper Level**

- Complimentary registration for 10 team members to join the walk
- Logo recognition on Steppin' Up Against Pancreatic Cancer website
- Logo featured on participant t-shirts (if received by September 30, 2024)
- Opportunity to provide a promotional item for participants

### **T-Shirt Sponsor**

Available to one sponsor for special placement of company logo on Steppin' Up Against Pancreatic Cancer event t-shirts (sleeve)

### Walk Bib Sponsor

Available to no more than three sponsors for special placement of company logo on all Steppin' Up Against Pancreatic Cancer race bibs

### Parking Lot Sponsor

Available to no more than one sponsor for special placement of company name on all marketing communications about event day parking and company logo featured on-site as parking sponsor

### \$2,000.00

### \$2,500.00

\$1,500.00

\$5,000.00

### CONTACT US: 936-615-0753

# HONORHEALTH RESEARCH INSTITUTE PRESENTS STEPPIN' UP AGAINST PANCREATIC CANCER

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#### HONORHEALTH



## **2024 SPONSORSHIP AGREEMENT**

**Research Institute** 

SPONSOR SELECTION	
Presenting Sponsor - \$10,000 Copper Level - \$2,00	Adult Registration - \$40
Gold Level - \$7,500 T-Shirt Sponsor - \$5,	,000 Virtual Registration - \$45
Silver Level - \$5,000 Walk Bib Sponsor - S	\$2,500 Child Registration - \$20
Bronze Level - \$3,000 Parking Lot Sponsor	- \$1,500 Cancer Survivor Registration - FREE
SPONSOR INFORMATION	
Full Name : 1	Fitle :
Organization:	
Phone No : Email :	Website:
Full Address :	City, State Zip :
Recognition:	
Please confirm the exact spelling of entity to be recognized or notify if you wish to be anonymous.	
PAYMENT INFORMATION	
Please accept an additional donation of:	
I have enclosed a check. **Please make checks payable to Seena Magowitz Foundation. Please send me an invoice.	
Please call for credit card information. I authorize the Seena Magowitz Foundation to charge the credit card below for a one-time transaction.	
Cardholder :	VISA MC AMEX
Credit Card No. :	Exp. Date :
Security Code :	TOTAL :
Signature :	

We appreciate your support and remind you that a portion of your donation is TAX DEDUCTIBLE. The tax ID number for Seena Magowitz Foundation is 20-4751072. Please consult your tax advisor for specific tax deductibility.

Please return the completed form by September 30, 2024 to ensure receipt of all sponsor benefits.