

# 2021 Walk for Life and Famously Hot Pink Half Marathon



## sponsorship commitment

Yes! I would like to support Prisma Health Breast Center as a \_\_\_\_\_ sponsor, at a value of \$ \_\_\_\_\_.  
(name of sponsorship level)

Company (how it will appear in print) \_\_\_\_\_

Contact Name \_\_\_\_\_ Title \_\_\_\_\_

Address \_\_\_\_\_

City/State/ZIP \_\_\_\_\_

Work phone \_\_\_\_\_ Cell phone \_\_\_\_\_

Email \_\_\_\_\_ Website \_\_\_\_\_

Social channels (Facebook, Instagram, Twitter) \_\_\_\_\_

Signature \_\_\_\_\_

Sponsorship  in honor of  in memory of \_\_\_\_\_

Send acknowledgment to: \_\_\_\_\_

Address \_\_\_\_\_

City/State/ZIP \_\_\_\_\_

Invoice me for my gift of \$ \_\_\_\_\_ in \_\_\_\_\_ installments.

Check enclosed (made payable to Prisma Health Midlands Foundation/Walk for Life)

Prisma Health Midlands Foundation's Tax ID # is 57-0725699.

Visa  MasterCard  American Express  Discover

Account number: \_\_\_\_\_ Name on card: \_\_\_\_\_

Expiration date: \_\_\_\_\_ Amount to be charged to credit card: \$ \_\_\_\_\_

Signature: \_\_\_\_\_

I would like my sponsorship/gift to be anonymous.

If logo inclusion is part of your sponsorship, please send the following file formats: .eps, .ai, .jpg, .png, .ai. Send both black and white and 4-color files.

Return your completed form and logos to Kristin Hudson at Prisma Health Midlands Foundation.  
Kristin.Hudson@PrismaHealth.org | 803-434-2815 (fax)