

30th Walk for Life Famously Hot Pink Half Marathon



2020 commitment form

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 Amy Coward at Prisma Health Midlands Foundation.
Amy.Coward@PrismaHealth.org, 803-434-2407 | 803-434-2815 (fax)