

SPONSORSHIP FORM

Please fill out the following form to confirm your chosen sponsorship level. Completed forms can be mailed to CARES: PO Box 1003, Hurricane, WV 25526 or emailed to: sarahcareswv@gmail.com. Contact us with any questions at: 304-306-0847.

CONTACT INFORMATION:

Company Name *(as you wish to be acknowledged)*

Contact Person's Name

Company Email Address

Contact Phone Number

Address

City/State/Zip Code

SPONSORSHIP OPPORTUNITIES:

_____ \$5,000 Champion

_____ \$2,500 Ambassador

_____ \$1,000 Advocate

_____ \$500 Supporter

_____ \$150 Hydration Station

Once we receive your completed sponsorship form, we will contact you to discuss arrangements, sponsorship benefits and recognition.

Please send your high-resolution color logo (.JPG or .PNG) to: sarahcareswv@gmail.com

All materials will be sent for your approval before going to print.

PAYMENT INFORMATION:

_____ Please send me an invoice

_____ I have enclosed a check made payable to
Community Autism Resources & Educations Systems (CARES)

_____ Please charge my credit card

Card Type: Visa / MC / AmEx / Discover

THANK YOU FOR YOUR SUPPORT!



Runners register at: aptiming.com/race/spectRUN

Card Number

Expiration Date

Security Code

\$

Sponsorship Total

Authorized Sponsor Signature

Date