

10TH ANNUAL TRAIL OF HOPE



2019



SPONSOR'S NAME/ ORGANIZATION

CONTACT PERSON & PHONE NUMBER

ADDRESS

CITY, STATE, ZIP

E-MAIL ADDRESS

According to Your Sponsor Level:

- Please use my logo. I understand I should e-mail my logo to cfowler@covenantcareadoptions.com
- I will submit promo materials for the race
- I will set up an informational booth at the race

Payment Options:

Please return this form with your donation. **All sponsors please reply by Monday, October 18, to guarantee inclusion on printed materials.**

My gift is enclosed. I understand that checks should be made **payable to Covenant Care Services.**

Please bill my credit card for \$_____.

___ VISA ___ MASTERCARD ___ DISCOVER ___ AMEX

CARD NO. _____

EXPIRATION _____ SECURITY CODE _____

NAME ON CARD _____

SIGNATURE _____ DATE _____

SPONSORSHIP OPPORTUNITIES

Elite Level: \$2,500+

- Logo on race shirts
- 8 race entries
- Set up a display table at the event and distribute promotional items, coupons, and/or literature in race bags
- Display 1 company banner at the race
- Inclusion in CCS promotional materials
- Company mentioned from the main stage

Sprinter Level: \$1,000+

- Logo on race shirts
- 6 race entries
- Set up a display table at the event and distribute promotional items, coupons, and/or literature in race bags
- Company mentioned from the main stage

Strider Level \$500+

- Logo on race shirts
- 4 race entries
- Distribute promotional items, coupons, and/or literature in race bags
- Company mentioned from the main stage

Jogger Level: \$250+

- Name on race shirts
- 2 race entries
- Company mentioned from the main stage

Thank you for your generous donation. Your support will change the lives of women, children, and families in our community!