

SPONSORSHIP FORM

We ask that you please fill out the following form to confirm your sponsorship and return to CleftStrong by September 12, 2019.

Completed forms may be returned by mail or to chelsea@cleftstrong5k.com

CONTACT INFORMATION:

Company Name

Contact Person

Contact E-mail Address

Contact Phone Number

Address

City/State/Zip Code

SPONSORSHIP PACKAGES:

____ Richie's Champion \$5,000
____ Richie's Heroes \$2,500
____ Richie's Warriors \$1,000
____ Richie's Soldiers \$500
____ Corporate Team Sponsorship \$350
____ Booth Sponsor \$100
____ Richie's Captains *IN KIND

*Please list type of In Kind donation here: _____

*Market Value of In Kind Donation
\$ _____

IMPORTANT: If the sponsorship option you selected includes a display of your company logo, please send high resolution color and black and white logos (.eps or vector preferred) to chelsea@cleftstrong5k.com

Thank you for your Support!
We will be in contact with you once we receive your completed sponsorship form regarding benefits and event arrangements.

PAYMENT INFORMATION:

____ I have enclosed a check **made payable to CleftStrong**

____ Please charge my credit card

Card Type:

Visa / MC / AmEx / Discover

Card Number

EXP Date

Security Code

Billing Zip Code

Check Payments may be mailed to:

CleftStrong

1150 N. Loop 1604 W. Ste 108-300

San Antonio, Texas 78248

Credit Card payments may be emailed to: chelsea@cleftstrong5k.com

\$ _____ Total Sponsorship Cost

Signature

Date

