

SPONSORSHIP FORM

We ask that you please fill out the following form to confirm your sponsorship and return to CleftStrong by **September 10, 2020**.

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 display of your company logo, please send your high resolution color logo (.eps or vector) 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