



Proceeds support the outstanding patient programs and services
provided at Norwalk Hospital's

C. Anthony and Jean Whittingham Cancer Center

Sponsorship Opportunities

(Please check level of support)

___ Presenting Sponsor - \$25,000

- ♥ Premium recognition on all event materials, on back of t-shirt, on walk/run webpage and in print advertising (if commitment received by March 15)
- ♥ Private tent at event with refreshments
- ♥ Name at starting and finish lines

___ Anniversary Sponsor - \$15,000

- ♥ Company name in all advertising (if commitment received by March 15)
- ♥ Prominent recognition on back of t-shirt, event banner and walk/run webpage
- ♥ Plaque on Whittingham Cancer Center donor wall

___ 'Cinco de' Sponsor - \$5,000

- ♥ Recognition on back of t-shirt, event banner and walk/run webpage
- ♥ Recognition in print advertising (if commitment received by March 15)
- ♥ Recognition at Refuel Stations on run/walk routes

___ Sole Sponsor - \$1,250* – individual gift or cumulative team donations

- ♥ Name (or Team Name) on back of t-shirt and on event banner

___ Balloon Ribbon - \$500

- ♥ Name displayed on one of the 7' tall cancer balloon ribbons which serve as photo opportunities at the walk/run – details on reverse

___ Tribute Sign - \$125*

- ♥ Custom sign around Walk/Run village field

**In celebration of Norwalk Hospital's 125th Anniversary*

Please submit completed sponsorship form no later than April 6, 2018 to allow for preparation of the signage and recognition associated with your sponsorship.

Contact Jaimie DeSisto at (203) 852-2022 or Jaimie.DeSisto@wchn.org to learn more about sponsorship opportunities.



Cancer Balloon Ribbon Sculpture Sponsor* - \$500 tax-deductible donation

Name on one* of the following cancer balloon ribbon sculptures the day of the walk
(*color selection based on availability):

Breast Cancer (pink)

Pancreatic Cancer (purple)

Leukemia (orange)

Prostate Cancer (light blue)

Gynecologic (teal)

Colon (dark blue)

Childhood (gold)

Liver (green)

Lung (clear)

Multiple Myeloma (burgundy)

Brain (grey)

Bone (yellow)

___ Enclosed is my/our \$_____ check payable to the Norwalk Hospital Foundation
or

___ Please charge \$_____ to my credit card: Amex, Discover, MasterCard, Visa accepted

For added convenience, donate online at www.nhwalkrun.org and receive an immediate acknowledgement of your gift and see its impact on the results thermometer!

Credit card _____ Exp Date: _____

Name: _____

Organization: _____

Address: _____

City: _____ St: _____ Zip: _____

Signature: _____

Phone: _____ Email: _____

Return completed form to: Norwalk Hospital Foundation, 34 Maple Street, Norwalk, CT 06856 or email it to Liz.Fazio@wchn.org