



WellCare's 2010 *Fit Family Run*
10K / 5K / Walk
Saturday May 1, 2010 at Tempe Kiwanis Park

Thank you for your interest in supporting WellCare's ***Fit Family Run***. Each of our sponsorship levels provide the opportunity for visibility within our community, recognition on all event collateral and media exposure. WellCare's *Fit Family Run* is a great event to promote your company and to communicate with a target audience of active and fitness-minded families throughout Maricopa County. For more information on a sponsorship, please contact Anne Gill at 602.263.7619 or at agill@wellcarefoundation.org

Your sponsorship commitment must be received by March 15, 2010.

SPONSORSHIP OPPORTUNITIES

	Platinum \$10,000	Gold \$5,000	Silver \$3,000	Bronze \$1,500
Registration Forms: Entry forms and T-shirt pick-up will be available at your choice of locations.	YES			
Incentive Gifts and Giveaways: Your name or logo will be included on all T-Shirts, Goody Bags and Event Thank-you gifts.	YES			
Media and Public Relations: We plan to partner with television, print and radio for the event. Your name or logo will be included in all print advertisements and press releases.	YES	YES		
Brochures: Your name or logo will be listed on all event brochures, posters, and flyers.	YES	YES	YES	
T-Shirts: Your name or logo will be included on all event T-shirts.	YES	YES	YES	YES
Booth: You will be able to market directly to all attendees on the day of the event at a booth provided by WellCare Foundation.	YES	YES	YES	YES
Banners: Your company-provided banner will be placed at or near the Start and Finish lines. Platinum and Gold banners will straddle the Start/Finish lines.	YES Largest	YES Large	YES Medium	YES Small



WellCare's 2010 *Fit Family Run* Sponsorship and Donation Form

YES, I would like to be a sponsor! Please check the desired sponsorship:

Platinum.....\$10,000

Gold.....\$5,000

Silver.....\$3,000

Bronze.....\$1,500

YES, I would like to donate merchandise.

Item Description _____

Fair Market Value _____

Please have a Committee Member call to make arrangements to pick up my donation.

Phone Number _____

I will deliver my donation to _____ on _____

Enclosed is my check for \$ _____

Please make you check payable to WellCare Foundation

Company Name _____

Address _____ City _____ Zip Code _____

Representative Name _____ Email _____ Phone Number _____

Authorized Signature _____

QUESTIONS?

Please feel free to contact Anne Gill, at 602.263.7619 or by email at agill@wellcarefoundation.org

The person representing this request may be a member of the Event Committee for WellCare Foundation.
They have permission to make this request on behalf of the organization.

Please return this form by March 15, 2010.