

# COMMACK VOLUNTEER AMBULANCE CORPS

SUFFOLK COUNTY EMS AGENCY OF THE YEAR 2016

## 7TH ANNUAL 5K RUN / WALK

### AUGUST 11, 2018

SAWMILL INTERMEDIATE SCHOOL, COMMACK, NY



**THE COMMACK VOLUNTEER AMBULANCE CORPS, A 501(C) (3) ORGANIZATION, IS LOOKING FOR SPONSORS FOR ITS SIXTH ANNUAL 5K RUN / WALK.**

**QUESTIONS OR SPECIAL REQUESTS? CONTACT: [5K@COMMACKAMBULANCE.ORG](mailto:5K@COMMACKAMBULANCE.ORG)**

**Event Sponsor: - \$1500.00**

Includes, name and logo displayed prominently on the back of t-shirt, on race course signage, prominent start/finish line banner, primary post race award sponsor, logo and hyperlink on website as event sponsor. An informational table about your company and the ability to distribute promotional material or product samples (must provide own table).

**Platinum Level: - \$500.00-\$1,499.99**

Includes company name/logo on top-back of race t-shirt as platinum sponsor and all race material. Name/logo on race website as platinum sponsor. An informational table about your company and the ability to distribute promotional material or product samples (must provide own table).

**Gold Level: - \$250.00-\$499.99**

Includes company name/logo on middle-back of race t-shirt as gold sponsor and all race material. Name/logo on race website as gold sponsor. Vendor may supply product samples, coupons, or brochures to be given out in race packet to every runner.

**Silver Level: - \$100.00-\$249.99**

Includes company name on middle-back of race t-shirt as silver sponsor, company name will be placed on select race material. Company name on race website as silver sponsor. Vendor may supply product sample, coupon, or brochure to be given out in race packet to every runner.

----- Please Tear Here -----

**Please complete this form and send to: Commack Vol. Amb. Corps, PO Box 819, Commack NY 11725, Attn: 5K Run / Walk**

**Company Name (as you would like it to appear in print):** \_\_\_\_\_

I have enclosed the following amount for my sponsorship \$ \_\_\_\_\_  
**(Please make check or money order payable to: Commack Volunteer Ambulance Corps)**

I would like to donate: Raffle prize(s): \_\_\_\_\_ PRIZE VALUED AT: (Donor's Assessment): \_\_\_\_\_

Food or Swag bag items (Quantity: 200): \_\_\_\_\_

**Note: Donating gift certificates/cards please put expiration date a year from the date of the event, August 11, 2019**

**Contact Name (please print):** \_\_\_\_\_

**Company Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City, State, Zip:** \_\_\_\_\_

**Work Number: (\_\_\_\_\_) \_\_\_\_\_ Cell Number: (\_\_\_\_\_) \_\_\_\_\_**

**Email Address:** \_\_\_\_\_

**THANK YOU FOR YOUR SUPPORT!**

[www.commackambulance.org](http://www.commackambulance.org)