2020 School Nurse 5K Virtual Run/Walk Partnership Form

Please Respond by Aug 28, 2020 to be included in all promotional materials.

Company _____

Contact_____

Address_____

Email_____

Phone_____

□ **Elite Partner**	**$5,000**
□ **Champion Partner**	**$2,500**
□ **Energizer Partner**	**$1,000**
□ **Contender Partner**	**$ 500**
□ **Finisher Partner**	**$ 250**
Additional Donation	$_____
Total Amount	$_____

□ I want to donate an In-Kind Gift (gift card or item) for the participant raffle. Item(s):

_____

Payment Type:

□ Please Invoice

□ Check payable to Holland Hospital Fund Development

□ Credit Card: □ Visa □ MasterCard □ Discover □ American Express

Card Number_____ Exp. Date_____

Signature_____

signature required to authorize payment

Respond by August 28, 2020 to:

Holland Hospital Fund Development
602 Michigan Ave
Holland, MI 49423

For more information contact: cperdok@hollandhospital.org or (616) 355-3975

2020 School Nurse 5K Virtual Run/Walk Partnership Opportunities

Partnership Level	Elite $5,000	Champion $2,500	Energizer $1,000	Contender $500	Finisher $250
Company Logo on School Nurse 5K Ribbon	✔				
Company on School Nurse 5K Facebook & Registration Page	✔	✔			
Company Logo on back of School Nurse 5K Shirt (placement by level)	✔	✔	✔	✔	
Company listed on Holland Sentinel Thank You Advertisement & Fund Development Newsletter	✔	✔	✔	✔	
Company provided item for participants' goody bags	✔	✔	✔	✔	
Company Logo at Packet Pick-up	✔	✔	✔	✔	
Complimentary Run Entries	10	5	4	3	2