August 25-27 2017

tourdelaporte.org

BIKE | RUN | WALK

Going the Distance for Cancer Care

Tour de La Porte

SPONSORSHIP OPPORTUNITIES

Please respond by May 20, 2017.

Going the Distance $10,000	Road Warrior $5,000	Olympic $2,500	Champion $1,500	Challenger $1,000	Marathon $500	Athlete $350	Competitor $250
Headline sponsor listing on **tourdelaporte.org**	Logo displayed prominently on **tourdelaporte.org**	Logo displayed prominently on **tourdelaporte.org**	Name listed prominently on **tourdelaporte.org**	Name listed prominently on **tourdelaporte.org**	Name listed prominently on **tourdelaporte.org**	Name listed prominently on **tourdelaporte.org**	Name listed prominently on **tourdelaporte.org**
50 complimentary registrations	25 complimentary registrations	15 complimentary registrations	10 complimentary registrations	6 complimentary registrations	4 complimentary registrations	2 complimentary registrations	
Professional sign at Registration /Award area	Professional sign at Registration /Award area	Professional sign at Registration /Award area	Professional sign at Registration /Award area	Name listed on signage at event location			
Logo prominently printed on t-shirt	Logo prominently printed on t-shirt	Logo prominently printed on t-shirt	Logo/name printed on t-shirt	Name printed on t-shirt			
Logo prominently printed on jersey	Logo prominently printed on jersey	Name printed on jersey	Name printed on jersey				
Headline recognition on all pre-event radio broadcasts & press releases	Headline recognition on all pre-event radio broadcasts & press releases	Recognition on all pre-event radio broadcasts & press releases	Recognition on all pre-event radio broadcasts & press releases				
Promotional posts on TDL Facebook page	Promotional posts on TDL Facebook page	Promotional posts on TDL Facebook page					
Announcement on Event Day - All Events	Announcement on Event Day - All Events						

Please return this form in the enclosed envelope or make an online donation at tourdelaporte.org

Thank You for Your Support!

Sponsorship Selection:

❑ Going the Distance ❑ Road Warrior
❑ Olympic ❑ Champion ❑ Challenger
❑ Marathon ❑ Athlete ❑ Competitor

CONTACT NAME

COMPANY NAME

ADDRESS

PHONE FAX

EMAIL

Payment Information

❑ **Check enclosed for $_____.**
❑ **Pledge my account. I agree to send payment by August 20, 2017.**
❑ **Credit Card:**
❑ Visa ❑ MasterCard ❑ American Express ❑ Discover

Credit Card Number CSC# Exp. Date

Signature

HEALTHCARE FOUNDATION of LA PORTE

Mail sponsorship form in the enclosed envelope to:
Healthcare Foundation of La Porte
323 Pine Lake Avenue | PO Box 517 | La Porte, IN 46352