

August 24-26 **2018** tourdelaporte.org



BIKE | RUN | WALK
Going the Distance for Cancer Care

SPONSORSHIP OPPORTUNITIES

Please respond by May 20, 2018.

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

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, 2018.
 Credit Card:
 Visa MasterCard American Express Discover

Credit Card Number

CSC#

Exp. Date

Signature



Mail sponsorship form in the enclosed envelope to:

Healthcare Foundation of La Porte

323 Pine Lake Avenue | PO Box 517 | La Porte, IN 46352