



Northwestern Medicine Lake Forest and
Lindenhurst Health and Fitness Centers

M5K

RACE TO IMPACT 2018

Sponsorship Opportunities

To secure your sponsorship or learn more, please contact hfc5k@nm.org

Level	Bronze	Silver	Gold	Platinum	Exclusive
	\$300	\$500	\$1,000	\$2,500	\$5,000
Tax Deductible	\$275	\$425	\$925	\$2,325	\$4,276
Logo on Event T-Shirt	●	●	●	●	●
One Complimentary Entry to 5K or Mile	● <i>(one entry)</i>	● <i>(two entries)</i>	● <i>(two entries)</i>	● <i>(two entries)</i>	● <i>(two entries)</i>
Sponsorship Recognition in Race Packet	●	●	●	●	●
Table Set Up at Event	●	●	●	●	●
Logo Displayed at Water Stations	●	●	●	●	●
Logo Displayed at Finish Line Barricades		●	●	●	●
Sponsorship Recognition During Announcements			●	●	●
Link Included on Event Website				●	●
Logo on Event Website				●	●
Two-Month Membership at Northwestern Medicine Lake Forest and Lindenhurst Health and Fitness Centers					●
Two 1-Hour Personal Training Sessions					●
Two 1-Hour Signature Massage Sessions					●



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RACE TO IMPACT 2018

Northwestern Medicine Lake Forest and Lindenhurst Health and Fitness Centers **Race to Impact 2018 5K**
September 9, 2018
Middlefork Savanna County Forest Preserve

Sponsorship Reservation Form

Sponsorship Opportunities

Exclusive - \$5,000

Tax Deductible (\$4,276)

Platinum - \$2,500

Tax Deductible (\$2,325)

Gold - \$1,000

Tax Deductible (\$925)

Silver - \$500

Tax Deductible (\$425)

Bronze - \$300

Tax Deductible (\$275)

Raffle Donation - Non-Tax-Deductible Item: _____

Contact Information

Contact Name _____ Company Name _____

Address _____ City _____ State _____ ZIP _____

Phone _____ Fax _____ Email _____

Payment

Enclosed is a check made payable to Northwestern Medicine Lake Forest Hospital in the amount of \$ _____

VISA MasterCard American Express Discover

Account Number _____ Exp. _____ Amount \$ _____

Name on Card _____ Signature _____

Please send an invoice/payment request. *(If billing address is different from above, please specify and an invoice will be sent.)*

Name _____ Company Name _____

Address _____ City _____ State _____ ZIP _____

**Thank you for supporting Northwestern Medicine
Lake Forest and Lindenhurst Health and Fitness Centers**

Submit your sponsorship form at any time to: hfc5K@nm.org.
Please email logo artwork before August 21.
Logo artwork should be in .jpg or .pdf format and at least 300dpi.

Questions? Please contact hfc5K@nm.org.