

Sponsorship Commitment

Thank you for sponsoring the Franciscan Community Day 5K! Your support benefits the life-saving work done in the Franciscan Health Crawfordsville Emergency Department. Please fill out the following form and return with your payment to the address below.

Organization _____

Contact Person _____ Title: _____

Address _____

City/State/Zip _____

Email _____

Website: _____

Phone: _____

Partnership Opportunities:

- ~~Platinum (\$2,000)~~ **SOLD** Gold (\$1,000) Silver (\$500)
 Bronze (\$250) Sign Sponsor (\$100)
 In Kind _____

Method of Payment

Please invoice me

Check enclosed

Make checks payable to Franciscan Health Foundation – Western Indiana Crawfordsville, Lafayette, Rensselaer

Mail to: Franciscan Health Foundation, 1501 Hartford Street, Lafayette, IN 47904

Credit Card American Express Mastercard VISA

Card number: _____

CVV code: _____ Expiration date: _____ Name on card: _____

Signature _____

Contact name

Signature on behalf of organization (required)

Date (required)

Please email logo to Jen Dykiel at Jennifer.Dykiel@franciscanalliance.org in PDF or JPEG format for t-shirt no later than Sept. 1. Contact Jen at (765) 423-6812 with any questions.

