

COMMACK VOLUNTEER AMBULANCE CORPS

SUFFOLK COUNTY EMS AGENCY OF THE YEAR 2016



13TH ANNUAL 5K RUN/WALK

SAT., AUGUST 10TH, 2024

COMMACK VOLUNTEER AMBULANCE CORP,
200 BURR ROAD, COMMACK, NY 11725



**THE COMMACK VOLUNTEER AMBULANCE CORPS, A 501(C)(3) ORGANIZATION,
IS LOOKING FOR SPONSORSHIPS FOR THEIR 13TH ANNUAL 5K RUN/WALK.**

SPONSORSHIP QUESTIONS? PLEASE EMAIL 5K@COMMACKAMBULANCE.ORG

Event Sponsorship: \$2,500

Includes, name and logo displayed prominently on the back of t-shirt, on race course signage, prominent start/finish line banner, primary post race award sponsor, logo and hyperlink on website as event sponsor. An informational table about your company and the ability to distribute promotional material or product samples (must provide own table).

Platinum Sponsorship: \$1,250

Includes company name/logo on top-back of race t-shirt as platinum sponsor and all race material. Name/logo on race website as platinum sponsor. An informational table about your company and the ability to distribute promotional material or product samples (must provide own table).

Gold Sponsorship: \$500

Includes company name/logo on middle-back of race t-shirt as gold sponsor and all race material. Name/logo on race website as gold sponsor. An informational table about your company and the ability to distribute promotional material or product samples (must provide own table).

Silver Sponsorship: \$300

Includes company name on lower-back of race t-shirt as silver sponsor, company name will be placed on select race material. Company name on race website as silver sponsor. Vendor may supply product sample, coupon, or brochure to be given out in race packet to every runner.

Bronze Sponsorship: \$150

Includes company name on race website as bronze sponsor, company name will be placed on select race material. Vendor may supply product sample, coupon, or brochure to be given out in race packet to every runner.

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Please return this completed form and payment to:

EIN: 23-7012685

Commack Vol. Ambulance Corps, PO Box 819, Commack, NY 11725, Attn: 5K Run/Walk

Organization/Company Name (as you would like it to appear in print): _____

- I have enclosed the following amount for my sponsorship \$ _____ (Event, Platinum, Gold, etc.)

(Please make check or money order payable to: Commack Volunteer Ambulance Corps)

- I would like to donate: Services/Raffle prize(s): _____ APPROX VALUE: \$ _____

In-Kind or Swag bag items (Quantity: 300): _____

Note: Donating gift certificates/cards? Please put expiration date a year from the date of the event August 10, 2024

Primary Contact Name (please print): _____

Company Name: _____ **Address:** _____ **City, State, Zip:** _____

Work #: _____ **Website:** _____ **Email**

Address: _____

THANK YOU FOR YOUR SUPPORT!

www.commackambulance.org