



FOR YOUR HEALTH

6TH ANNUAL



FOUNDATION

PARTNERSHIP COMMITMENT

Contact Name: _____

Company: _____

Address: _____

Phone: _____ Email: _____

YES, count on our participation at the following level

- \$10,000 Title Sponsor
- \$5,000 Presenting Sponsor
- \$3,500 Kid's Fun Run Sponsor (Only one available)
- \$2,500 Start/Finish Line Sponsor
- \$1,000 Water Stop Sponsor
- \$500 Sprint Sponsor
- \$250 Speed Sponsor
- \$100 Stride Sponsor
- We can not participate, but please accept our 100% tax deductible gift of: \$_____

Please return to: Oswego Health Foundation, 110 West 6th St., Oswego, NY 13126
foundation@oswegohealth.org • 315-326-3788

Enclosed is my check for \$_____ Bill Me

Please charge my credit card (check one) MC Visa Discover AMEX

Credit card information will be securely destroyed immediately after processing.

Card Number: _____ Expiration Date: _____

Sec. Code: _____ Name on the Card: _____

Please complete and submit the enclosed sponsorship form and payment along with camera ready artwork (if applicable) by July 23, 2021. Please submit artwork in either a high resolution jpeg or high res PDF file. Completed forms may be returned via email or mail. Artwork can be submitted directly to Michele Hourigan at mhourigan@oswegohealth.org.