



SPONSOR CONTRACT



23rd Step Up for Parkinson's Walk
Saturday, February 12, 2022
Baker Park, 50 Riverside Circle, Naples, FL 34102
Registration opens at 9:00 am; the Walk starts at 10:00 am
Want to join us? Go to www.ParkinsonAssociationSWFL.org

YOUR SPONSORSHIP MAKES ALL THE DIFFERENCE

Your generous sponsorship makes it possible for us to provide free membership and proven effective programs to our community members with PD that include movement and exercise sessions, speech therapy, and educational events. In addition to the benefits of the **Partners for Parkinson's** Giving Society on the reverse page, sponsors of **Step up for Parkinson's Walk** also receive the following. Please mark the level which works best for you!

- Champion*** \$10,000 - You are the TITLE sponsor for this year's event and much more
 - Steward*** \$7,500 - Logo, Prominent Booth/table placement, and 10 Walk Registrations & video
 - Sustainer*** \$5,000 - Logo, Expo table, and 8 Walk Registrations & video
 - Ambassador*** \$2,500 - Logo, Expo table and 6 Walk Registrations & video
 - Advocate*** \$1,000 - Name, Expo table, 4 Walk Registrations & video
 - Supporter** \$750 - Name, 2 Walk Registrations, and **Your choice of** Expo table **or** 2 signs on the walk route
 - Walk Registration** \$25 - Early bird registration through January 10, 2022; \$30 after that date; \$10 (12 & under); \$5 Fur Friends
- * also includes name/logo on T-shirts and walk route signage and the opportunity to provide a one-minute video on why your organization supports the Parkinson's Association of SWFL's mission. Your video will be included on our sponsor web page and linked to in emails and social media to thousands of our supporters.**

PLEASE NOTE - January 14 - sponsorship related materials due to MSchoeffel@ParkinsonAssociationSWFL.org - in EPS or PNG format

My Payment of \$ _____ is enclosed, or Please invoice me on January 14, 2022

Ask about additional marketing opportunities: Swag Bag, Passport, Refreshments, and more

Contact, Publicity and Credit Card Information

Contact Person: _____ Phone: (_____) _____ (c) (o) (H)
 Name to appear in program (Company): _____
 Email: _____ @ _____
 Address: _____
 City _____ State: _____ Zip: _____
 Paying by Credit Card: name on Credit Card: _____ Amount to charge \$ _____
 Card # _____ Expiration Date _____ CW _____

Please make checks payable to Parkinson's Association of Southwest Florida

Please contact Mary C. Schoeffel with any questions at MSchoeffel@ParkinsonAssociationSWFL.org or 239-417-3465

For Office Use

FORM received on _____ by _____ ITEM received on _____ by _____
 Acknowledgement/tax letter sent on _____ by _____

