**2024 DCH Foundation- Eclipse 5k**

 **Sponsorship Opportunities**

**Moon Walk Event Sponsor $1,000**

*One (1) Moon Walk* Event Sponsorship *opportunity available*. Become the exclusive Event Sponsor and gain recognition on event materials, website, press releases and receive the following:

* 6 runner registrations
* Prominent logo placement on collateral materials and the event t-shirt
* Company logo on event signage
* Mention on DCH Foundation page on DCH website for one year
* Opportunity to provide promotional materials to attendees and address the crowd during the event
* Press release recognition as the **exclusive** Moon Walk Event Sponsor
* Verbal recognition during the event
* Host a table during the event to meet and greet with attendees

**Moondance Sponsor $500**

Become a *Moondance* Sponsor and gain recognition on event materials, website, press releases and receive the following:

* 3 runner registrations
* Logo placement on collateral materials and the event t-shirt
* Company name and logo on signage
* Opportunity to provide promotional materials to attendees
* Mention on DCH Foundation page of DCH website for one year
* Press release recognition as a Moondance Sponsor
* Verbal recognition during the event
* Host a table to meet and greet with attendees

**Fly Me to the Moon Sponsor $300**

Become a Fly Me To The Moon Sponsor and gain recognition through signage featured at your designated mile and receive the following:

* 1 runner registration
* Logo placement on collateral materials and the event t-shirt
* Company sign at designated mile marker
* Host a table in the registration area and mile-marker to greet attendees before, during and after the event
* Press release recognition

**Moon River Sponsor $150**

Become a Moon River Sponsor and receive the following:

* Logo placement on collateral materials and the event t-shirt
* Press release recognition

\*Please provide a company logo in .jpg format electronically to asteiner@dchosp.org. The logo and donation must be received in the DCH Foundation office by Friday, March 22, 2024, to be included on the t-shirt. You will receive a confirmation email when both have been received. If there is a problem with providing your logo, please call 812-254-8858.

**2024 Sponsorship Form -Saturday, April 6, 2024**

I wish to sponsor the *DCH Eclipse 5K* at the following level:

* Moon Walk Event Sponsor
* Moondance Sponsor
* Fly Me To The Moon Sponsor
* Moon River Sponsor

I wish to purchase \_\_\_\_\_\_ runner registration(s) for the event. Please contact me at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to discuss registrations.

I am sorry that I am unable to help underwrite the DCH Eclipse 5K. Please accept my contribution of $ \_\_\_\_\_\_\_\_\_\_ to the DCH Foundation to help fund the Med Surg/ICU and Emergency Department renovations.

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Company \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_\_\_\_\_\_\_\_ Zip Code \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Payment Methods:

 \_\_\_ Enclosed is my check and/or money order payable to: Daviess Community Hospital Foundation

 \_\_\_ Please invoice me for the payment OR:

 \_\_\_\_\_ Credit Card (circle): Visa Mastercard Discover

Exp. Date: \_\_\_\_\_/\_\_\_\_\_ Sec. Code (on back): \_\_\_\_\_ Zip Code: \_\_\_\_\_

Card No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please mail the completed form to the Foundation by Friday, March 22, 2024, in order to be included on all collateral materials.

*Daviess Community Hospital Foundation*

*Attn: Angie Steiner*

*PO Box 760*

*Washington, IN 47501*

*All contributions are tax deductible to the extent allowed by law.*