

Adult Down Syndrome Center
Fitness, Fun for Everyone 5K Run/3K Walk
Maine East High School
2601 Dempster St., Park Ridge, Illinois
Saturday, June 1, 2024



Sponsorship Level	Platinum Sponsor	Leader Sponsor	Partner Sponsor	Run Sponsor
Investment amount	\$10,000	\$5,000	\$2,500	\$1,000
# Run registrations*	15	10	5	2
Pre-event entitlements				
<i>Company name or logo on email invitation (confirmed 3 weeks before email date)</i>	✓			
<i>Logo displayed on event website</i>	✓	✓		
Day-of-event entitlements				
<i>Premier signage at post-race party</i>	✓			
<i>Logo included on race t-shirt</i>	✓			
<i>Premier signage at event registration area</i>	✓	✓		
<i>Signage on run route mile maker</i>	✓	✓	✓	
<i>Verbal recognition during speaking program</i>	✓	✓	✓	✓
Post-event entitlements				
<i>Company receives social media highlight</i>	✓			
<i>Qualifies membership into Advocate Aurora Health's Corporate Partners in Philanthropy Program</i>	✓			
<i>Recognition in post-event communication</i>	✓	✓	✓	

*Please send names of runners/walkers & t-shirts sizes (S, M, L, XL, XXL) to abigail.leng@aah.org by May 17, 2024.

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Agreement Form

- ☐ Yes! I would like to participate in the Fitness, Fun for Everyone 5K Run/ 3K Walk on Saturday, June 1, 2024

Payment Information – Please check all that apply:

- | | |
|---|---|
| <input type="checkbox"/> Platinum Sponsor* - \$10,000 | <input type="checkbox"/> We cannot participate, please accept our enclosed gift of \$ _____ |
| <input type="checkbox"/> Leader Sponsor* - \$5,000 | |
| <input type="checkbox"/> Partner Sponsor* - \$2,500 | |
| <input type="checkbox"/> Run Sponsor - \$1,000 | |

Total amount enclosed: \$ _____

To make a sponsorship gift by credit card, please visit <insert website>.

***Please email your corporate logo as soon as possible to: abigail.leng@aah.org**

***Due to production deadlines, sponsorship and logo, in .eps format, must be submitted no later than May 1, 2024.**

Print exactly how you would like your name/company to be listed on the line below:

Name: _____ Phone: _____
Email: _____ Title: _____
Company: _____
Address: _____
City: _____ State: _____ Zip: _____

Please return this form and payment to:

Advocate Charitable Foundation
Attn: 2024 ADSC Run
2025 Windsor Drive
Oak Brook, IL 60523
Email: abigail.leng@aah.org

For more information, please visit our event page at <insert website> or contact Abby Leng at abigail.leng@aah.org.

All individuals who make a donation of \$1,000 and above will become members of Advocate Health Care's Visionaries in Health.

Please note that a charitable contribution is not premised or conditioned upon conducting business with Advocate Health.